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ABSTRACT

Schools committed to the success of all children must have an array of activities designed to address barriers to learning. This introductory packet contains some aids to help school staff find new ways of thinking about how schools should assess barriers to learning. The following items are included in the packet: (1) a chart of "Barriers to Learning"; (2) "ABCs of Assessment" from "Learning Problems and Disabilities: Moving Forward" by H. S. Adelman and L. Taylor, 1993; (3) an excerpt from a digest from the Educational Resources Information Center (ERIC) by Edward Roeber, "Emerging Student Assessment Systems for School Reform"; (4) a comment on "Controversy over Assessment: The Changing Sociopolitical Climate"; (5) "Strategic Ways To Approach the Assessment Process"; (6) 41 selected references, with 16 abstracts of significant works; (7) a list of 9 research syntheses available from ERIC; (8) an outline of "Types of Procedures and Instruments Used in Assessing Psychoeducational Problems"; (9) the table of contents from the Clearinghouse's resource aid packet on "Screening/Assessing Students: Indicators and Tools"; (10) an annotated list of "Tools for Assessing Environmental Barriers to Learning"; (11) a step-by-step guide to "The Prereferral Process"; (12) excerpts from ERIC Digests that give an overview of authentic and performance-based assessment; (13) brief excerpts from several recent works discussing assessment from the perspective of cultural diversity; (14) descriptions of 4 model programs to address barriers to student learning; (15) a list of 13 agencies, advocacy groups, and Internet resources offering assistance related to screening and assessment; (16) the screening and assessment consultation cadre list; (17) a selection titled "What Everyone Should Know about Assessment in Schools," excerpted and abridged from two ERIC documents; (18) "Issues and Problems Related to Assessment of Barriers to Learning" by Howard S. Adelman and Linda Taylor, excerpted from an article in the "Handbook on the Assessment of Learning Disabilities: Theory, Research, and Practice" (Austin, TX: Pro-Ed, 1991). (SLD)

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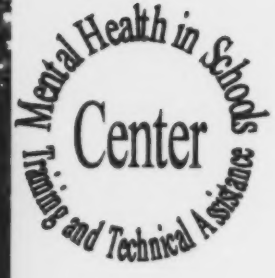

*From the Center's Clearinghouse ...**

An introductory packet on

Assessing to Address Barriers to Learning

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Support comes in part from the Department of Health and Human Services, Public Health Service, Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Adolescent Health.

U.S. Department of Health & Human Services
Public Health Service
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UCLA CENTER FOR MENTAL HEALTH IN SCHOOLS*

Under the auspices of the School Mental Health Project in the Department of Psychology at UCLA, our center approaches mental health and psychosocial concerns from the broad perspective of addressing barriers to learning and promoting healthy development. Specific attention is given policies and strategies that can counter fragmentation and enhance collaboration between school and community programs.

MISSION: ***To improve outcomes for young people by enhancing policies, programs, and practices relevant to mental health in schools.***

Through collaboration, the center will

- **enhance practitioner roles, functions and competence**
- **interface with systemic reform movements to strengthen mental health in schools**
- **assist localities in building and maintaining their own infrastructure for training, support, and continuing education that fosters integration of mental health in schools**

Consultation Cadre ***Clearinghouse***

Newsletter ***National & Regional Meetings***

Electronic Networking

Guidebooks ***Policy Analyses***

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*In 1996, two national training and technical assistance centers focused on mental health in schools were established with partial support from the U.S. Department of Health and Human Services, Public Health Service, Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Adolescent Health. As indicated, one center is located at UCLA; the other is at the University of Maryland at Baltimore and can be contacted toll free at 1-(888) 706-0980.

(1/98)

What is the Center's Clearinghouse?

The scope of the Center's Clearinghouse reflects the School Mental Health Project's mission -- to enhance the ability of schools and their surrounding communities to address mental health and psychosocial barriers to student learning and promote healthy development. Those of you working so hard to address these concerns need ready access to resource materials. The Center's Clearinghouse is your link to specialized resources, materials, and information. The staff supplements, compiles, and disseminates resources on topics fundamental to our mission. As we identify what is available across the country, we are building systems to connect you with a wide variety of resources. Whether your focus is on an individual, a family, a classroom, a school, or a school system, we intend to be of service to you. Our evolving catalogue is available on request; eventually it will be accessible electronically over the Internet.

What kinds of resources, materials, and information are available?

We can provide or direct you to a variety of resources, materials, and information that we have categorized under three areas of concern:

- Specific psychosocial problems
- Programs and processes
- System and policy concerns

Among the various ways we package resources are our *Introductory Packets, Resource Aid Packets, special reports, guidebooks*, and *continuing education units.* These encompass overview discussions of major topics, descriptions of model programs, references to publications, access information to other relevant centers, organizations, advocacy groups, and Internet links, and specific tools that can guide and assist with training activity and student/family interventions (such as outlines, checklists, instruments, and other resources that can be copied and used as information handouts and aids for practice).

Accessing the Clearinghouse

- E-mail us at **smhp@ucla.edu**
- FAX us at (310) 206-8716
- Phone (310) 825-3634
- Write School Mental Health Project/Center for Mental Health in Schools, Dept. of Psychology, Los Angeles, CA 90095-1563

Check out recent additions to the Clearinghouse on our Web site
http://smhp.psych.ucla.edu

All materials from the Center's Clearinghouse are available for a minimal fee to cover the cost of copying, handling, and postage. Eventually, we plan to have some of this material and other Clearinghouse documents available, at no-cost, on-line for those with Internet access.

If you know of something we should have in the clearinghouse, let us know.

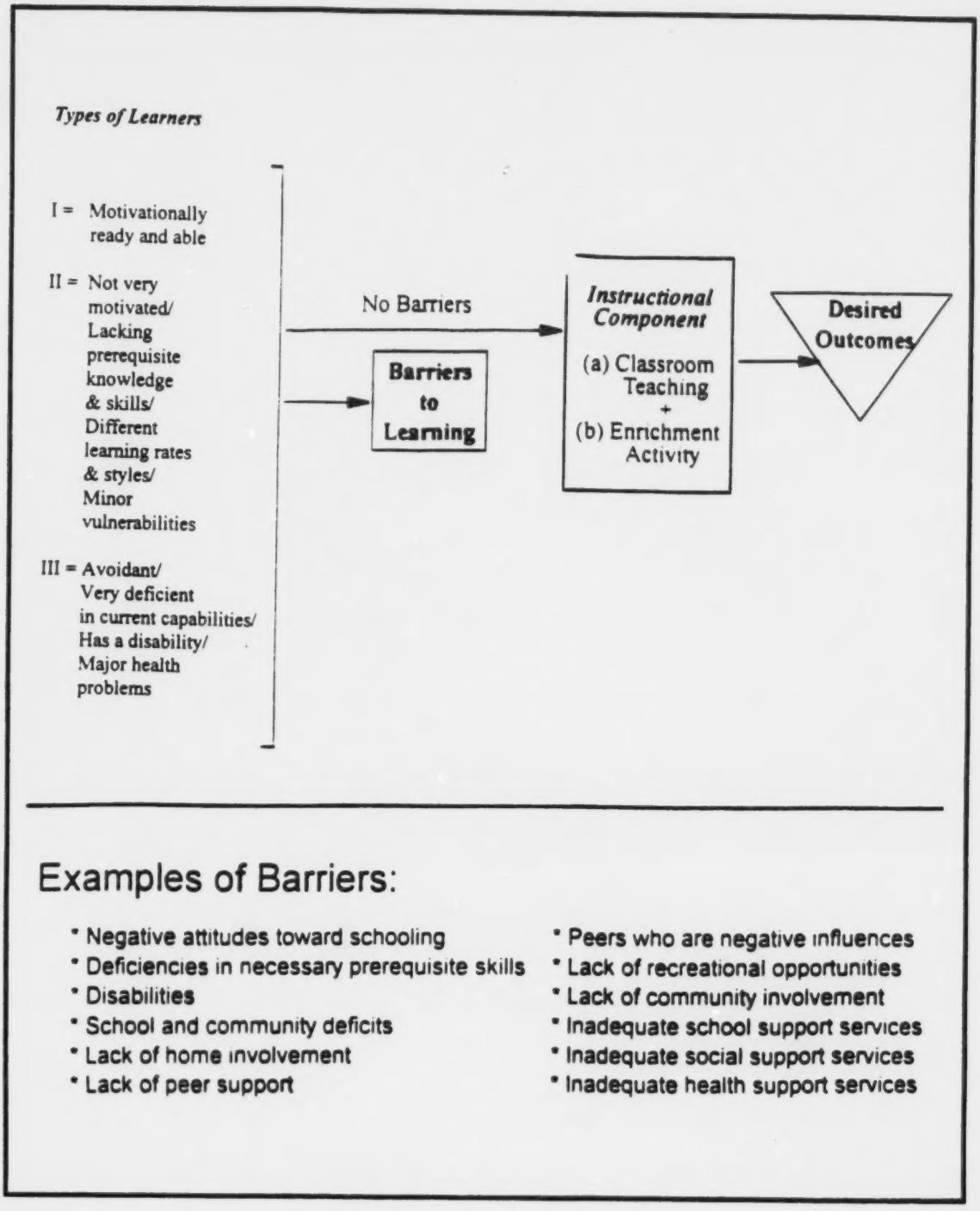
The Many Barriers to Student Learning: Implications for Assessment

Schools committed to the success of all children must have an array of activities designed to address barriers to learning. No one is certain of the exact number of students who require assistance in dealing with such barriers. There is consensus, however, that significant barriers are encountered by a majority of students.

Each day school staff are confronted with many students who are doing poorly in school as a result of health and psychosocial problems. Increasingly, education reform and restructuring are changing the whole fabric of schools and calling upon all personnel to expand their roles and functions.

As a result, school staff must acquire new ways of thinking about how schools should assess these barriers in order to plan effective ways to address them.

Barriers to Learning


Types of Learners
I = Motivationally ready and able
II = Not very motivated/ Lacking prerequisite knowledge & skills/ Different learning rates & styles/ Minor vulnerabilities
III = Avoidant/ Very deficient in current capabilities/ Has a disability/ Major health problems
No Barriers
Barriers to Learning
Instructional Component
(a) Classroom Teaching
+
(b) Enrichment Activity
Desired Outcomes

Examples of Barriers:

- Negative attitudes toward schooling
- Deficiencies in necessary prerequisite skills
- Disabilities
- School and community deficits
- Lack of home involvement
- Lack of peer support
- Peers who are negative influences
- Lack of recreational opportunities
- Lack of community involvement
- Inadequate school support services
- Inadequate social support services
- Inadequate health support services

ABCs OF ASSESSMENT

From:

Learning Problems and Learning Disabilities: Moving Forward (1993) by H. S. Adelman & L. Taylor

Schools committed to the success of all children must have an array of activities designed to address barriers to learning. No one is certain of the exact number of students who require assistance in dealing with such barriers. There is consensus, however, that significant barriers are encountered by a majority of students (see Exhibit).

Each day school staff are confronted with many students who are doing poorly in school as a result of health and psychosocial problems. Increasingly, education reform and restructuring are changing the whole fabric of schools and calling upon all personnel to expand their roles and functions.

As a result, school staff need to acquire new ways of thinking about how schools should assess these barriers in order to plan effective ways to address them.

Assessment Defined

Assessment is a broad-based concept. The term has been adopted to encompass narrower, medically related processes such as diagnosis, screening, and diagnostic testing.

In practice, the overall aim of assessment is to describe and make judgments as an aid to decision making. The judgments may represent a conclusion about the past (such as what caused a problem), a statement about the present (such as how severe a problem is), or a prediction about the future (such as how much the problem will improve as a result of intervention).

Formally defined, assessment is the process by which attributes of phenomena are *described* and *judged*. Descriptions take the form of data gathered by formal and informal measures, such as tests and observations of behavior or settings. Judgments take the form of interpretive conclusions about the meaning of data, such as whether a phenomenon is good or bad, above or below standard, pathological or not. Choices about what data to gather and exclude are guided by judgments and decisions to be made (diagnostic classification, placement, remediation).

Controversy surrounds prevailing approaches to assessment. Although some of the controversy is about the deficiencies and limitations of specific procedures, broader concerns and criticism have been directed

Exhibit

Barriers to Learning, Parenting, and Teaching
(beyond medical/dental needs)

A. Deficiencies in basic living resources and opportunities for development
- dearth of food in the home
- inadequate clothing
- substandard housing (incl. being homeless)
- lack of transportation
- income at or below the poverty level (e.g., due to unemployment or welfare status)
- lack of after-school supervision for child
- immigrant-related concerns (e.g., limited English proficiency, legal status)

B. Observable problems
- school adjustment problems (incl. prevention of truancy, pregnancy, dropouts)
- relationship difficulties (incl. dysfunctional family situations, insensitivity to others)
- language difficulties
- abuse by others (physical and sexual)
- substance abuse
- emotional upset
- delinquency (incl. gang-related problems and community violence)
- psycho-social concerns stemming from sexual activity (e.g., prevention of and reactions to pregnancy or STD's)
- psychopathology

C. General stressors and underlying psychological problems associated with them
- external stressors (objective and perceived) and deficits in support systems
- competence deficits (low self-efficacy/self-esteem, skill deficits)
- threats to self-determination/autonomy/control
- feeling unrelated to others or perceiving threats to valued relationships
- personality disorders or psychopathology

D. Crises and emergencies
- personal/familial (incl. home violence)
- subgroup (e.g., death of a classmate or close colleague)
- school-wide (e.g., earthquake, floods, shooting on campus)

E. Difficult transitions
- associated with stages of schooling (e.g., entry. leaving)
- associated with stages of life (e.g., puberty, job and career concerns)
- associated with changes in life circumstances (e.g., moving, death in the family)

at the way assessment is used to shape research and practice and related policy decisions. Even when relatively objective assessment data are used, subsequent decisions often are extremely subjective. This is not surprising, given that most decisions involve considerations that go well beyond the availability of valid data. More often than not, complex social-political-economic value questions are involved. Indeed, in some cases seemingly relevant data are ignored in order to arrive at a decision that the decision makers see as viable and beneficial.

> *Assessment does not have to be restricted to persons; environments and person-environment transactions can be assessed as well. With learning problems, however, assessment continues to be viewed in terms of screening and diagnosis and is shaped primarily by the presumption that problems stem from and belong to targeted individuals.*
>
> *Assessment does not have to be restricted to problems; strengths and interests can also be identified and may be important in correcting problems. Prevailing practices, however, continue to de-emphasize assessment of such positive attributes.*

What should be clear is that assessment is a complex matter. Despite the importance of assessment, prevailing assessment procedures can have detrimental limitations and consequences:

- Assessment procedures do not have sufficient validity to warrant large-scale programs for early identification
- Assessment procedures are not capable of producing appropriate differential diagnoses and placements
- These procedures often lead to misprescription of remediation and deemphasis of the importance of a person's strengths and interests, and they narrow the focus of school curricula
- These procedures can inappropriately shape evaluation and eventually redefine and limit objectives.

Furthermore, overemphasis on assessment practices that focus on persons hinders development of procedures for assessing the role of the environment. As a result of the bias toward localizing problems within persons, interventions tend to be person-centered. Almost by

presumption, environmental variables are exonerated as causal factors and as the focal point of intervention.

In spite of the deficiencies of prevailing practices, each day professionals are called upon to assess and make decisions about individuals. Unfortunately, for now they must do so using a relatively weak knowledge base.

The need for improved practices is evident. Fortunately, recent research has pointed to promising approaches that go beyond conventional procedures. There may be major concerns about the state of the art, but there can be no doubt that persons with problems can and must be helped.

Functions

As seen in the accompanying figure, the major purposes of assessment can be grouped into four categories of function. These four functions represent the types of decisions for which such assessment may be useful.

1. ***Identification***. Data are used to help find and label phenomena of interest. The focus may be on a person, the environment, or both, and may or may not be on problems.

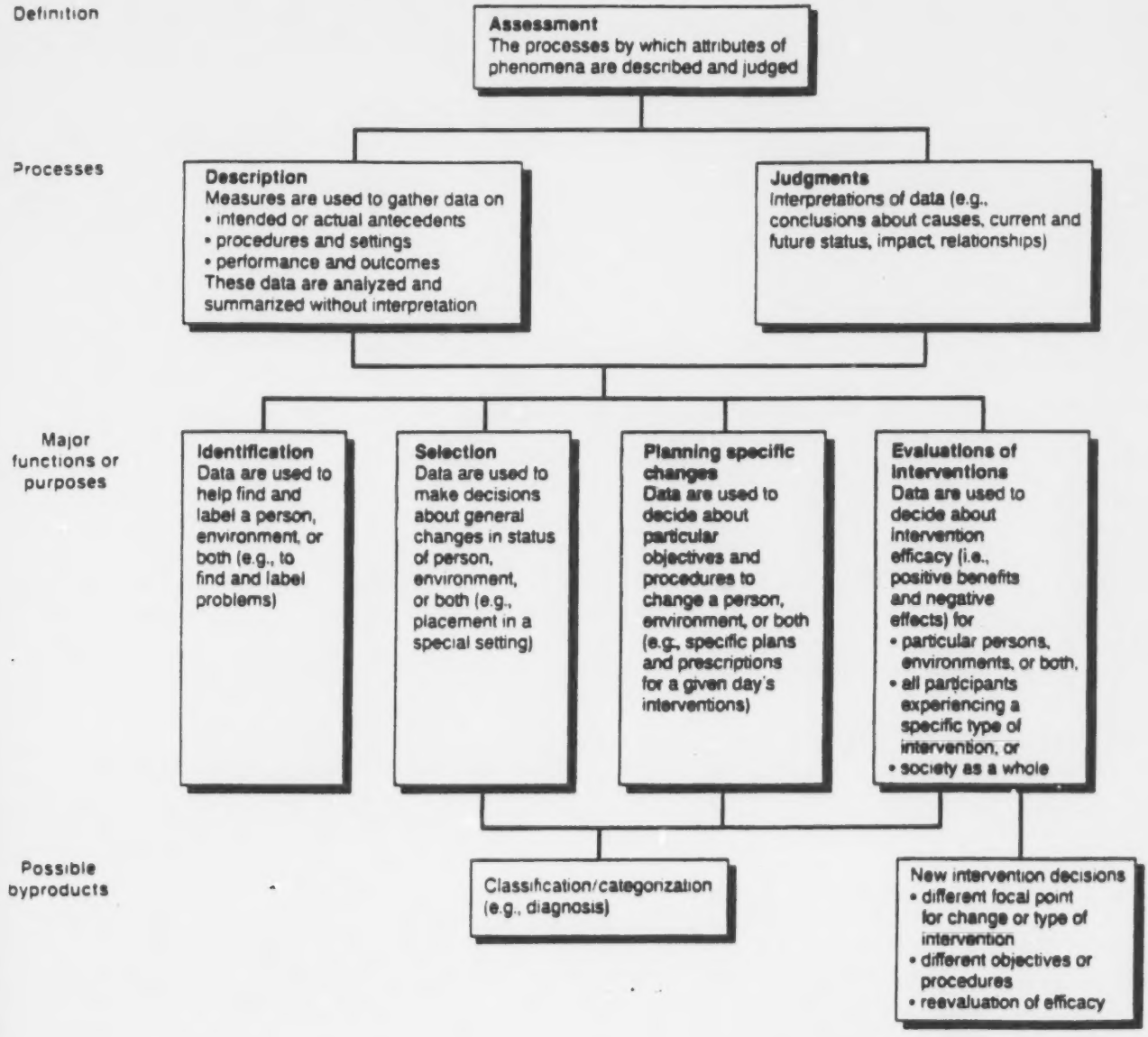
2. ***Selection***. Data are used to help make decisions about general changes in status. These usually are discussed as placement decisions, but they also encompass decisions about changes in environments. Specifically, these are decisions about the general nature and form of needed intervention (for example, educational, psychological, or medically oriented treatments; placement in a special setting; changes in the organization of a classroom or school).

3. ***Planning for specific change***. Data are used to decide about immediate and short-term objectives and procedures for accomplishing long-term goals. Examples are specific plans or prescriptions for any given day's intervention.

4. ***Evaluation of Intervention***. Data are used to decide intervention effectiveness based on positive and negative outcomes. Decisions are made with respect to the impact on (a) particular persons or environments or both, (b) all experiencing a specific intervention, or (c) society as a whole.

An example may help clarify the preceding points. Achievement tests are often used to assess reading performance in a given school. The number of right and wrong answers provides a description of performance on a given set of items at a given time. Based on these descriptive data, a variety of judgments are likely to be made. They will be based on available norms and prevailing standards.

Figure *Assessment Processes and Purposes*


Definition
Assessment
The processes by which attributes of phenomena are described and judged
Processes
Description
Measures are used to gather data on
• intended or actual antecedents
• procedures and settings
• performance and outcomes
These data are analyzed and summarized without interpretation
Judgments
Interpretations of data (e.g., conclusions about causes, current and future status, impact, relationships)
Major functions or purposes
Identification
Data are used to help find and label a person, environment, or both (e.g., to find and label problems)
Selection
Data are used to make decisions about general changes in status of person, environment, or both (e.g., placement in a special setting)
Planning specific changes
Data are used to decide about particular objectives and procedures to change a person, environment, or both (e.g., specific plans and prescriptions for a given day's interventions)
Evaluations of interventions
Data are used to decide about intervention efficacy (i.e., positive benefits and negative effects) for
• particular persons, environments, or both,
• all participants experiencing a specific type of intervention, or
• society as a whole
Possible byproducts
Classification/categorization (e.g., diagnosis)
New intervention decisions
• different focal point for change or type of intervention
• different objectives or procedures
• reevaluation of efficacy

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Different judgments will be made about individuals with identical scores who differ in age. Different judgments may be made about groups living in economically advantaged and disadvantaged communities.

Decisions can be made about whether to assign diagnostic labels to individuals and programs judged as performing poorly. That is, an individual might be labeled as having a learning disability; a school could be labeled as failing to do its job.

Decisions can be made as to whether to help some individuals and schools, and if so, specific plans may be formulated. At a later date, achievement test data again can be used to evaluate performance.

Other Factors Shaping Assessment

In addition to having four major purposes, activity related to assessment occurs in phases, and differs in terms of focus and types of procedures used (see Table). There are a variety of options in deciding what and how to assess.

For example, stimulus-and-response conditions may differ in terms of the number of variables assessed, their complexity, and whether they are simulated or natural. Variations also occur with respect to (a) how ambiguous and subjective the stimuli are, (b) how well standardized the administration procedures are, (c) how obtrusive the procedures are, and (d) how much they cause unintended reactions. There are also important considerations about similarities and differences between the assessor and the assessed (for example, in terms of race, cultural background, socioeconomic status, and gender).

Although such variations in practice influence both the form of assessment activity and the findings, there is little agreement and considerable concern about their impact.

New Directions

New opportunities are emerging as schools attempt to reduce fragmentation through various reform strategies. Assessments focused on individual students and on evaluating instructional effectiveness are being linked in thoughtful new ways. On the following pages are some excerpts from a digest published by the ERIC clearinghouse on Counseling and Student Services that illustrates these changes*.

*Created by ERIC, the educational resources information center. For more information about ERIC, contact ACCESS ERIC 1-800-LET-ERIC. Edward D. Roeber is Director of Student Assessment Programs, Council of Chief State School Officers in Washington, D.C. ERIC Digests are in the public domain and may be freely reproduced and disseminated. This publication was funded by the U.S. Department of Education, Office of Educational Research and Improvement, Contract No. RR93002004. Opinions expressed in this report do not necessarily reflect the positions of the U.S. Department of Education, OERI, or ERIC/CASS.

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Table *Nature and Scope of Assessment Activity*

I. *Functions and purposes of assessment*
- A. **Identification**
  1. Screening and referral
  2. Diagnostic labeling
  3. Nonpathological attributes
- B. **Selection/placement**
  1. Clarification of options
  2. Client decisions about general changes in status
  3. Professional and agency decisions to accept or reject applicants
- C. **Specific planning for change**
  1. Detailed objectives
  2. Detailed procedures
- D. **Evaluation of interventions**
  1. Individual efficacy
  2. Efficacy for all participants
  3. Impact on society

II. *Major phases related to assessment*
- A. **Preparatory decisions about what is to be assessed** (implicit or explicit rationale for assessment activity)
- B. **Description** ("measurements" of specified variables and serendipitous data gathering, followed by analyses and descriptive summaries)
- C. **Judgments** (interpretations)
- D. **Communication and decision making with reference to assessment purposes**

III. *Focus of assessment*
- A. **Focal point**
  1. Person(s)—individuals or groups of individuals
  2. Environment(s)
  3. Person–environment transactions
- B. **Nature of phenomena**
  1. Problematic–nonproblematic conditions
  2. Observable–inferred
  3. Proximal–distal
  4. Historic–current–future expectations
- C. **Levels**
  1. Molecular–molar analyses of persons
  2. Primary, secondary, tertiary contextual analysis
  3. Transaction of person–environment
- D. **Areas or domains**
  1. Biological and psychological processes
  2. Motor and verbal functioning
  3. Physical environment
  4. Social environment
  5. Transaction of person–environment

IV. *Types of procedures and instruments* (standardized, semi-standardized, or unstandardized)
- A. **Interviews and written personal reports** (responses to oral or written questions, inventories of items, etc.)
- B. **Observations**
- C. **Verbal and performance measures** (objective instruments such as achievement tests; projective instruments such as thematic pictures; instruments developed by teachers, psychologists, and MDs that have not been formally and technically standardized)
- D. **Biological tests** (electrorecording devices, chemical analyses)
- E. **Available records and data** (analyses of current or cumulated records related to person, environment, transactions; analyses of natural performances and products, such as portfolio assessment)

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INTRODUCTION

Currently, much discussion is taking place about the quality of American schools, the skills needed by students, and the ways we should be assessing these achievements. Student assessment is viewed nationally as the pivotal piece around which school reform and improvement in the nation's schools turn. For example, student assessment is the key piece of Goals 2000, as well as other federal legislation such as the Elementary and Secondary Education Act (ESEA).

The result is that substantially more assessment is likely to occur in our nation's schools, and to take place in areas traditionally not assessed (such as the arts), using assessment strategies (such as performance assessments and portfolios) not typically used. States and local districts are reconsidering the models for systems of assessment and how assessment at the state and local levels can be coordinated to achieve the reforms desired in education...

HOW DOES REFORM OF ASSESSMENT FIT SCHOOL REFORM?

Student assessment is at the top of the list of things to tinker with by policy makers at the national and state levels, since it is viewed as a means to set more appropriate targets for students, focus staff development efforts for the nation's teachers, encourage curriculum reform and improve instruction and instructional materials in a variety of subject matters and disciplines (Darling-Hammond & Wise, 1985). Assessment is important because it is widely believed that what gets assessed is what gets taught, and that the format of assessment influences the format of learning and teaching. (O'Day & Smith, 1993). The hope of policy makers is that changes in assessment will not only bring about the needed changes in students, but also in ways schools are organized (Linn, 1987, Madaus, 1985). Interest in performance assessment has also been justified on the basis that using such measures will promote educational equity (National Center on Education and the Economy, 1989). Student assessment carries a heavy load these days!...

Assessment reform should occur along with professional development, instructional development, and other strategies designed to assure that all of the changes are mutually supported. Coordination of assessment reform at the national and state levels with assessments at the local level is also important, so that each will present a coherent view of student performance, not simply be "stuck" together.

TYPES OF ASSESSMENTS

New content standards may require different assessment methods. Among the assessment techniques now being considered are short-answer, open-ended; extended-response, open-ended; individual interviews; performance events; performance tasks in which students have extended time; projects; portfolios; observations; and anecdotal records, in addition to multiple-choice exercises. A broader repertoire of techniques is increasingly being used.

SCHOOL IMPROVEMENT STRATEGIES

The information about student achievement needed at various levels of the educational system is different. Parents have different needs than teachers, who in turn, have different needs than school principals. District administrators need broader, system-wide information, while at the state level, there is concern about equity across districts and identification of state priorities. Nationally, policy makers are concerned about differences between states and how competitive American students are with their peers in other countries.

Improving student achievement can take place at each of these levels. Teachers work with an individual student in a classroom, or revamp classroom-wide instruction based on an assessment. At the school level, educators use school information to set long-and-short-range objectives and decide how to accomplish these. At the district level, educators target particular areas of the curriculum for attention. At the state level, incentives for improving instructional programs may be most important. School reform occurs at all levels of the educational system.

(cont.)

* From *Emerging Student Assessment Systems for School Reform* (ERIC Digest, Number ED389959 95) and is authored by Edward Roeber.

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USEFUL ASSESSMENT DESIGNS

Typically, student achievement is measured with available student test data, often using information from district or state testing programs. Information collected less formally in classrooms is not typically included in school improvement plans, even though such information could provide valuable insights into student learning.

The nature of information needs should form the basis for an assessment design. In a top-down model, policy makers develop an assessment design that meets their needs, hoping the data may be useful by persons at lower levels. An alternative is to build the assessment system needed at the local level, aggregating the information upwards to the district, state and national levels.

Another model, based on the assumption that multiple approaches will allow different users' needs to be met, is to develop a comprehensive assessment system using different assessment formats to meet different users' needs. Various assessment strategies can be implemented together at the different levels to provide for the different information needs in a coordinated, coherent manner (Darling-Hammond, 1994).

For example, local districts can adopt a portfolio system for improving instruction, while the state carries out matrix-sampling across important standards. The information collected by the state can become part of the student's portfolio, thereby strengthening the portfolio's quality. The state could also provide opportunities for teachers to learn to score the open-ended written and performance assessments, thereby enhancing teachers' capabilities of observing and rating student performances in their classrooms.

In this case, the elements of the system at the different levels build on and support the elements at other levels. It is also anticipated that information collected at the different levels can be reported in a more understandable manner, since the same standards apply in different ways. This assessment model enhances the reforms of schools so many desire.

SUMMARY

This is indeed a time when American schools are being challenged to provide opportunities for students to achieve at much higher levels. Assessment is viewed as one of the essential elements in assisting schools to address the standards now deemed to be important in a manner that will help all students to achieve them. The major challenge for assessment is to implement these additional assessments in a coordinated manner so that the amount of assessment is supportive of the changes needed, not overly burdensome to teachers or students. Models for coordination assessment at the state, district and classroom levels appear most promising.

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Controversy Over Assessment: The Changing Sociopolitical Climate

Throughout the 1970's and 1980's, judicial decisions were an important sociopolitical factor influencing legislation, policy making, and practice. In the courts, parents and advocacy groups pushed for the rights of those with disabilities and equality of education and fought discrimination.

Hobson v. Hansen (1969): This was the first major case raising questions about placement in special education. The court ruled that using test scores to group students into "tracks" was unconstitutional because it discriminated against blacks and the poor.

Diana v. State Board of Education (1970): Here was a case in which the use of tests to place students was again challenged. Diana, a Spanish-speaking student in Monterey County, California, had been placed in a class for mildly mentally retarded students because she had scored low on an IQ test given to her in English. The court ruled that Spanish-speaking children should be retested in their native language to avoid errors in placement.

Larry P. V Riles (1972): Larry P. Was a black student in California, and his complaint led to an expansion of the ruling in the Diana case. The court ruled that schools are responsible for providing tests that do not discriminate on the basis of race. In the class-action case of PASE v. Hannon (1980), however, the judge stated he could find little evidence of bias in the test items. The Larry P. Case also set a precedent for the use of data indicating disproportionate placement of minority groups as prima facie evidence of discrimination. However, subsequent cases have undermined this precedent (Marshall et al. v. Georgia [1984] and S-I v. Turlington [1986]).

In many ways, it is unfortunate that litigation is necessary. But it is. It seems that many questions about the appropriate treatment of those who do not "fit in" are so unsettled and unsettling as to require adjudication.

Strategic Ways to Approach the Assessment Process

A range of complexities and controversies surround assessment for identification, selection, program planning, and evaluation. Concerns arise from analyses that indicate major deficiencies and limitations related to existing procedures. Additional concerns emerge from analyses of how assessment shapes research, practice, and policy. And, of course, a fundamental concern is the overemphasis on assessing persons. This overemphasis tends to exonerate environmental variables as causal factors and as the focus for corrective strategies. Ironically, it also appears to hinder development of procedures for assessing the role of the environment, thereby perpetuating the overly person-centered emphasis in research, practice, and policy. Appreciation of such concerns makes the need for improved practices and a broader focus evident.

Critics concerned about premature person-focused assessment argue that major efforts to improve programs should come first. Screening problems should be secondary to efforts to evolve programs to match clients' levels of motivation and development. Preventive and early-age intervention programs can reduce the numbers of those experiencing problems, provide improved *in situ* screening to identify those who continue to require special help, and thereby reduce the necessity for special assessment.

Considerable support exists for improving programs as the first step in a screening sequence for problems. In essence, the idea is that, prior to assessment, programs to ameliorate problems should (1) enhance general practices in the "mainstream" and (2) remedy problems that arise as soon as possible and with the least intervention needed. To accomplish these goals requires broadening general (mainstream) practices and increasing the availability of support mechanisms. Prominent among the advocated changes are (1) adding personnel, such as aides, trainees, volunteers, and peer support, (2) improvement of setting conditions, such as enhanced working relationships, and (3) upgrading the technical infrastructure through addition and sophisticated use of technological innovations (e.g., computers, interactive video, up-to-date science equipment). Proponents also stress providing mainstream interveners with training, consultation, peer support, and collaboration to increase use of corrective strategies prior to referral for specialized interventions.

What follows is a brief discussion of three strategic ways to approach the assessment process (a) single versus multi-stage decision making, (b) interventionist assessment, and (c) prereferral intervention as assessment.

A. Single versus Multi-Stage Decision Making

Although some assessors find it necessary or convenient to assess and make decisions in one or two sessions, such a single-stage approach is a matter of concern. For example, it is generally acknowledged that, after a potential problem has been identified, subsequent steps must be taken to confirm or disconfirm it. (Critics warn that diagnoses and placement decisions often are made solely on the basis of first-level screening data.) Furthermore, even when the best available assessment procedures are used, initial decisions about placement and special programming may be in error and should be confirmed or disconfirmed through monitoring performance as the individual pursues daily tasks. Increasingly, sequential or multi-stage assessments are advocated as one way to work on improving decision accuracy, including reducing the number of persons wrongly diagnosed.

B. Interventionist Assessment

Conventional, psychometric approaches and techniques raise a variety of validity concerns. A common example is that, under formal assessment conditions, poor performance among problem populations may be due to low or negative (avoidance) motivation resulting from high anxiety or negative attitudes. These factors, and cultural differences, may negatively affect the performance of persons from certain cultural backgrounds. That is, the assessment results for such persons are seen as contaminated and thus cannot be taken at face value. These critics argue that it is impossible to know whether failure to demonstrate specific knowledge, abilities, or skills represents a real deficiency. The implications for research and intervention are profound.

> Within the psychometric tradition. efforts to deal with this criticism stress accounting for contaminants when interpreting findings, improving task content and administration to reduce biasing conditions (including frequent reassessments), and going beyond standardized administration to assess how much more the individual can do (for example, allowing additional time, adding a brief prompting or teaching facet to the process). Going a step further, those in the dynamic assessment movement argue for alternative procedures designed to determine how much more the individual can do when comprehensively prompted and taught. This is a highly interventionistic approach to assessment. The assessor is "an active intervener who monitors and modifies the interaction with the learner in order to induce successful learning. The learner is prodded, directed, and reinforced into a role of active seeker and organizer of information."

To underscore the fundamental direction involved here, it is useful to contrast conventional practices with what can be described broadly as interventionist assessment. The term *interventionist* goes beyond dynamic assessment to encompass a wide variety of activities designed to determine whether a person can perform at a higher level. Interventionist assessment is designed to move beyond the nondynamic/static approach found in typical psychometric testing. The assessor actively "tests the limits" to encourage increased performance. This often takes the form of an assess-teach-reassess approach, involving a reasonable interval of time for learning to take place.

> Advocates of interventionist assessment approaches state that the intent is not to replace but to supplement prevailing assessment procedures. They stress they are seeking data not available through prevailing approaches (for example, data on performance capability in a teaching situation, and information on teaching approaches that appear to be effective with the learner).

The Dynamic Assessment Movement

The term *dynamic assessment* was coined by Feuerstein (1980). During the 1980s, the desire to use more interventionist approaches to assessment coalesced into what has come to be called the dynamic assessment movement. Dynamic assessment can be seen as a reaction to static (conventional psychometric) approaches to measuring intelligence. Static approaches are criticized for treating IQ as a trait rather than a score, thereby equating it with learning ability and ignoring the nature of cognitive development and functioning and the influence of handicapping conditions and cultural bias. Static approaches and techniques are also criticized as too limited for planning interventions.

Because dynamic assessment involves prompting and teaching, it is also used to identity intervention approaches that seem to work well for the individual. Thus the products of the assessment are seen as providing information on both what and how to teach. In order to gather such data, the process is designed and implemented as an intervention to improve performance. Improved performance is interpreted as an indication of the learner's real capability as well as the ability to change (learning potential).

Because the content focus of dynamic assessment is on underlying processes, critics of the underlying problem orientation have attacked the movement. In doing so, they reiterate arguments that the measures and theoretical assumptions lack validity.

C. Prereferral Intervention as Assessment

Prereferral is a screening and intervention process that involves identifying problems experienced by students in the regular classroom, identifying the source of the problems (student, teacher, curriculum, environment, etc.), and taking steps to resolve the problems within the regular classroom. These interventions are meant to improve response to the problem by the regular classroom teacher and are seen as a good way to reduce the number of students tested, diagnosed, and referred to special programs. Optimally, prereferral consultation can result in a student's staying in the regular classroom because the teacher has learned new ways to work with the problem. Minimally, such activity can add assessment data that lead to increased validity of diagnoses and referrals. The Resource Aid section of this Packet contains some guidelines for the Prereferral Process.

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This book provides lists and evaluations of tests for assessing symptoms, behavioral problems, life functioning, family environment and behavior, client satisfaction, and other quality of care measures. It also suggests alternatives to standardized child and family outcome measures, validity and reliability, psychometric properties of the outcome measures, general references, and a glossary of terms.

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Schools are sweeping away traditional notions of how we know what students know. Rothman examine the shift in thinking about testing through illustrative case studies of assessment programs in pioneering schools in Colorado, California, Vermont, and Kentucky. He goes inside classrooms to see how change came about and what the new methods actually look like in practice. In their own words, the teachers and administrators describe how changes in testing have affected teaching and learning and what the schools now expect of students.

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This handbook is a guide to identify and intervene prenatal alcohol and drug exposure to infants and children. It is divided into various sections including women, infants, drugs, children, and health, developmental concepts, service delivery, assessment approach, and environmental and legal influences.

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Arreaga-Mayer, C., Carta, J.J., & Tapia, Y. (1994). **Ecobehavioral assessment of bilingual special education settings: The opportunity to respond**. In *Behavior analysis in education: Focus on measurably instruction.* Gardner, R. III, Sainato, D.M., Cooper, J.O., Heron, T.E., Heward, W.L., Eshleman, J.W., & Grossi, T.A. (Eds.) CA: Brooks/Cole.

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Furlong, M.J., & Smith, D.C. (Eds.) (1994). ***Anger, Hostility, and Aggression: Assessment, Prevention, and Intervention Strategies for Youth.*** Brandon, TX: Clinical Psychology Publishing Co.

This book is designed to provide those who work with youth the information they need to be up-to-date about recent anger-related research. It presents practical information about critical assessment, prevention, and intervention programs by emphasizing the affective, attitudinal, and behavioral aspects of anger. Of particular interest to practitioners are detailed accounts of prevention and intervention programs designed to help youth cope positively with the anger they experience.

Edlebrock, C. (1988). **Informants Reports.** In Behavioral Assessment in Schools. E. S. Shapiro & T. R. Kratochwill (Eds). NY: Guilford Press.

This chapter discusses the different behavioral assessment instruments used to tap a broad range of children's behavior problems and adaptive competencies such as Child Behavior Checklist (CBCL), Preschool Behavior Questionnaire, etc. The author further talks about the various applications of these assessment tools in the school setting.

Brief Research Syntheses Available from the ERIC Clearinghouses

The following is a brief sampling of ERIC Digests (research syntheses) related to Assessment. They are available in libraries, over the Internet, or directly from the Educational Resources Information Center (ERIC) by phone, 1-800-LET-ERIC.

For information on searching for and accessing ERIC documents over the Internet, see the Internet Resources section of this introductory packet.

An example of a complete digest is at the end of this Introductory Packet.

- 1995 -- ERIC Digest, number ED388 890 95. Portfolios for Assessment and Instruction
- 1995 -- ERIC Digest, number ED388 889 95. Sound Performance Assessments in the Guidance Context.
- 1992 -- ERIC Digest, number ED351 150 92. The Portfolio and its Use: Developmentally Appropriate Assessment of Young Children.
- 1995 -- ERIC Digest, number ED388 888 30. New Assessment Methods for School Counselors
- 1995 -- ERIC Digest, number ED381 987. Using Performance Assessment in Outcomes-Based Accountability Systems
- 1990 -- ERIC Digest, number ED327 612. Can Performance-Based Assessments Improve Urban Schooling? ED 56.
- 1990 -- ERIC Digest, number ED328 611. The Case for Authentic Assessment.
- 1995 -- ERIC Digest, number EDO CG 95 3. Mental Health Counseling Assessment: Broadening One's Understanding of the Client and the Client's Presenting Concerns.
- 1995 -- ERIC Digest, number EDO CG 95 11. Emerging Student Assessment Systems for School Reform.

RESOURCE AIDS

The Center's Clearinghouse is developing a series of *Resource Aid Packets* designed to enhance and complement our *Introductory Packets.* These aids are a form of *tool kit* for fairly circumscribed areas of practice. The materials can assist and guide staff training and student/family interventions. They include overviews, outlines, checklists, instruments, and so forth. Feel free to reproduce and use them as information handouts and aids for training and practice.

Included here are:

(1) an overview outline of

Types of Procedures and Instruments Used in Assessing Psychoeducational Problems

(2) the table of contents from the Clearinghouse Resource Aid Packet on

Screening/Assessing Students: Indicators and Tools

(3) an annotated list of some major

Tools for Assessing Environmental Barriers to Learning

(4) a guide for

The Prereferral Process

An overview outline of

Types of Procedures and Instruments Used in Assessing Psychoeducational Problems

Specific examples are offered under six major categories

I. Observations or Rating of Current Behavior (by parents, students, or professionals)

A. In natural settings such as classrooms, home, or free play situations

1. For prevention and identification
   a. Brigance Diagnostic Inventory of Early Development (Curriculum Associates)
   b. Learning Accomplishments Profile: Diagnostic Education-Revised (Kaplan School Supply Corp.)
   c. Student Rating Scale (Adelman & Feshbach, 1971; Feshbach, Adelman, & Fuller, 1977)
   d. The Pupil Rating Scale Revised (Myklebust, 1981)
   e. Devereux Child Behavior Rating Scale, Devereux Adolescent Behavior Rating Scale; Devereux Elementary School Behavior Rating Scale (Devereux Foundation)
   f. Developmental Profile (Psychological Development Publications)

2. For diagnosis, treatment planning, or evaluation
   a. Child Behavior Checklist and Profile (Achenbach & Edelbrock, 1983)
   b. Burks' Behavior Rating Scales (Burks, 1969)
   c. Conners Rating Scales (Abbot Laboratories)
   d. Revised Behavior Problem Checklist (Quay & Peterson, 1987)

B. In special assessment situations

1. For prevention and identification
   a. Early Detection Inventory (Follett Publishers)
   b. Gesell Developmental Tests (Ilg & Ames, 1964)
   c. Developmental Indicators for the Assessment of Learning -Revised (Childcraft Educational Corp.)

2. For diagnosis, treatment planning, and evaluation
   a. Checklist for Student's Behavior (Smith, Neisworth, & Greer, 1978)
   b. While standardized measures are almost nonexistent, observation of behaviors during psychological and medical examinations tend to be the most heavily relied on data in confirming presenting problems

II. Interviews and Written Personal Reports (by parents, students, or professionals-responses to oral and/or written questions, or inventories of items, related to medical, psychological, educational, and socioeconomic background and status with emphasis on traumatic incidents and developmental problems)

Note: While some of the data elicited may be factual, there is undoubtedly an important bias toward subjective reinterpretation (Yarrow, Campbell, & Burton, 1970).

A. Histories

1. Medical information related to pregnancies and birth, illnesses, and injuries (Seidel & Ziai, 1975)
2. Developmental information related to social, emotional, motor, language, and cognitive areas, e.g., Gesell's Illustrative Behavior Interview (Gesell & Amatruda, 1947)
3. Diagnostic interviews for children and adolescents (Orvaschel, 1989)
4. School history focusing on important events or patterns regarding school experiences (Wallace & Larsen, 1978)
5. Family information including socioeconomic data, relevant medical, developmental, or school history of family members (Mercer & Lewis, 1977)

B. Current status (present concerns and perceived causes of problems)

1. Medical status-current health status, recent illnesses, injury, or physical complaints (Schain, 1972)
2. Developmental status-current social, emotional, motor, language, and cognitive status, e.g., Vineland Adaptive Behavior Scale (American Guidance Service)
3. School status-current school problems and perspectives by all participants as to the causes and possible corrections
4. Family status-current family events, living arrangements, impending changes

III. Verbal and Performance Measures

A. For prevention and identification

1. de Hirsch Predictive index (de Hirsch, Jansky, & Langford, 1966)
2. The Satz Battery (Satz, Friel, & Rudegeair, 1976)
3. Denver Developmental Screening Test (Frankenburg, Dodds, Fandall, Kazuk, & Cohrs, 1975-LADOCA Publishing Foundation)

B. For diagnosis, treatment planning, evaluation

1. Cognitive area and aptitudes
   a. Wechsler Intelligence Scales, WPPSI, WISC-IV, WAIS-R (The Psychological Corp.)
   b. Stanford-Binet Intelligence Test (Riverside Publishing)
   c. Detroit Tests of Learning Aptitude-2 (published by PRO-ED)
   d. Slosson Intelligence Test-Revised (Slosson Educational Publications)
   e. McCarthy Scales of Children's Abilities (The Psychological Corp.)
   f. Peabody Picture Vocabulary Test -Revised (American Guidance)
   g. System of Multicultural Pluralistic Assessment (Mercer & Lewis, 1979)
   h. Achievement tests such as the California Achievement Test (California Testing Bureau)
   i. Psycho educational tests such as the Woodcock-Johnson Psycho educational Battery (DLM/Teaching Resources)
   j. Kaufman Assessment Battery for Children - K-ABC (Kaufman & Kaufman, 1983)
   k. Learning Potential Assessment Device--a dynamic assessment instrument (Feuerstein, 1979; also see Palincsar, Brown, & Campione, 1991 for more on Dynamic Assessment)

2. Academic achievement tests
   a. California Achievement Test (California Test Bureau)
   b. Stanford Achievement Test (The Psychological Corp.)
   c. Metropolitan Achievement Tests (The Psychological Corp.)
   d. Iowa Tests of Basic Skills; Tests of Achievement and Proficiency (Riverside Publishing)
   e. Wide Range Achievement Test--Revised (Jastak Associates)
   f. Peabody Individual Achievement Test-- Revised (American Guidance Service)
   g. Psychoeducational tests such as Woodcock-Johnson Psychoeducational Battery (DLM/Teaching Resources)
   h. Kaufman Test of Educational Achievement - K-TEA (American Guidance Service)
   i. Skill diagnostic inventories, e.g., Criterion Reading (Hackett, 1971), Brigance Diagnostic Inventories (Curriculum Associates), and Diagnostic Mathematics Inventory/Mathematics System (CTB/McGrawHill)

3. Perceptual-motor
   a. Bender Visual-Motor Gestalt Test (Bender, 1938--Western Psychological Services; see Koppitz, 1963, 1975, for scoring system)
   b. Developmental Test of Visual-Motor Integration (Follett Publishers)
   c. (Frostig's) Developmental Test of Visual Perception (Consulting Psychologists Press)
   d. Bruininks-Oseretsky Test of Motor Proficiency (American Guidance Service)
   e. Purdue Perceptual-Motor Survey (Merrill Publishing)
   f. Goldman-Fristoe-Woodcock Tests (American Guidance Service)

4. Language
   a. Goldman-Fristoe Test of Articulation (American Guidance Service)
   b. (Wepman's) Auditory Discrimination Test (Language Research Associates)
   c. Phonological Process Analysis (Weiner, 1979)
   d. Peabody Picture Vocabulary Test--Revised (American Guidance Service)
   e. Tests of Language Development-2 (PRO-ED)
   f. Test of Written Language-2 (PRO-ED)
   g. Illinois Test of Psycholinguistics Abilities (Kirk, McCarthy, & Kirk, 1968)
   h. See achievement tests
   i. Reading readiness tests such as Metropolitan Readiness Tests
   j. Also see Johnson & Croasmum (1 991)

5. Reading and math
   a. See achievement tests
   b. Diagnostic inventories such as the Brigance (Curriculum Associates), Woodcock Reading Mastery Test -Revised (American Guidance Service), Test of Mathematical Abilities (PRO-ED)
   c. Also on reading see Stanovich (1 991) and on math see Baroody & Ginsberg (I 991)

6. Social and emotional functioning
   a. Vineland Adaptive Behavior Scales (American Guidance Service)
   b. California Test of Personality (California Test Bureau)
   c. Kuder Personal Preference Record (Kuder, 1954)
   d. Goodenough-Harris Drawing Test (Harris, 1963)
   e. Children Apperception Test (Bellak & Bellak, 1965)
   f. Early School Personality Questionnaire (Coan & Cattell, 1970)
   g. Piers-Harris Children's Self-Concept Scale (Western Psychological Services)
   h. Coopersmith Self-Esteem Inventories (Center for Self-Esteem Development)
   i. Kohn Social Competence Scale (The Psychological Corp.)
   j. Also see Bryan (1991) on assessing social cognition and Cough & Bess (1991) on assessing temperament

IV. Physiological Tests and Neuropsychological Exams

A. Physical examination -- *a* nonspecialized exam including measurement of height, weight, head circumference, blood pressure, and exams of various physiological systems including visual acuity using Snellen wall or E charts

B. Sensory acuity -- specialized tests

1. Vision tests to assess acuity, refractive errors, nystagmus, faulty eye movement, color vision
   a. Keystone Visual Survey Service for Schools (Keystone View)
   b. Massachusetts Vision Test (Foote & Crane, 1954)
   c. Bausch and Lomb Orthorater
   d. Ishihara Color Blind Test (Ishihara, 1970)

2. Hearing
   a. Sweep audiometry (discussed in Schain, 1972)
   b. Pure Tone Audiometry (see Northern & Downs, 1974)

C. Neurological exam

1. Evaluation of mental status, speech, muscle tone, fine and gross motor control -- "hard" neurological signs such as bilaterally exaggerated tendon reflexes, and various "soft" neurological signs such as confused dominance, asymmetrical reflexes, overflow or crossover movements (Obrzut & Boliek, 1991)

2. Brain mapping, scanning, imaging (Duffy & McAnufty, 1985; Denckla, LeMay, & Chapman, 1985; Hynd & Willis, 1988; Coles, 1987)

D. Neuropsychological tests

Note: As distinct from neurological exams, neuropsychological exams involve a battery of tests measuring cognitive, sensory, and motor functioning and achievement, with the aim of relating performance to brain dysfunction (Hartiage & Golden, 1990; Obrzut & Bolick, 1991; Redan & Davison, 1974)

1. Luria-Nebraska Neuropsychological Battery-Children's Revision (Golden, 1981)

2. Halstad-Reitan Neuropsychological Test Battery for Children (Reitan Neuropsychology Laboratory)

3. Selected subtests to measure sensation acuity and perception; motor, psycho-linguistic, and cognitive functioning; attending; memory (Obrzut & Boliek, 1991)

E. Special procedures to test hormonal, chemical, or structural defects (Schain, 1972)

1. Brain scanning, mapping, and imaging

2. Metabolic tests, e.g., brain metabolism, ferric chloride test for PKU

3. Chromosomal studies

V. Available Records and Data

A. Past

1. Medical -reports from pediatricians, neurologists, other medical specialists

2. Psychological -test data, results, and reports from school psychologists or other professionals

3. Educational
   a. Review of past school products (written papers, projects)
   b. Reports from teachers and tutors
   c. Cumulative school records (grades, teacher comments, test scores, attendance, school health records)

B. Current (within the past three months)

1. Medical -report from the most recent physical and/or neurological exam

2. Psychological-test data, results, and reports from school psychologists or other professionals who have been consulted recently

3. Educational
   a. Review of current school products (written papers, projects)
   b. Reports from current teachers and tutors

VI. Environment Ratings Scales

A. School

1. The Instructional Environment Scales-prekindergarten and elementary (Ysseldyke & Christenson, 1987)

2. The Classroom Environment Scale (Consulting Psychologists Press)

3. Early Childhood Environment Rating Scale (Teachers College Press)

4. Quality of School Life Scale (Epstein & McPartland, 1976; Epstein, 1981)

5. Also see Toro et a]. (1985) for social environmental predictors of elementary school adjustment, Heron & Heward (1 982) on ecological assessment, Gable & Trout (1 985) on assessing special education teaching processes, Gelzheiser & Leonard (1987) on assessing learning environment for math, and Fraser & Walberg (1991) on research for evaluating educational environments

B. Home

1. Home Observation for Measurement of the Environment (Caldwell & Bradley, 1984; Bradley & Rock, 1985)

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Table of Contents from a Clearinghouse's Resource Aid Packet:

Screening/Assessing Students: Indicators and Tools

Should you need specific aids related to screening students, you may want to contact our center. We have developed a variety of resource aids related to psychosocial and mental health concerns in schools.

As a relevant example, the following pages outline the contents of one of our Resource Aid Packets. As you can see, this packet includes material designed to clarify the screening process and offers specific tools for initial problem identification and screening related to some major psychosocial problems.

SCREENING/ASSESSING STUDENTS: INDICATORS AND TOOLS*

Professionals focusing on psychosocial and mental health concerns in schools need a tool box full of resources. As the title states, this resource aid is designed to provide some resources relevant to screening students experiencing problems.

Section I

Initial Problem Identification

In this section, you will find

(1) Being Alert to Indicators of Psychosocial and Mental Health Problems

This summary of indicators is designed for use as a handout. It provides an overview that can be used to educate others (staff, older students, parents) on what to look for in identifying mental health problems.

(2) Being Specifically Alert to Substance Abuse Indicators

This summary focuses specifically on indicators of substance abuse. It can be used as a handout to educate others (staff, older students, parents) on what to look for related to behaviors and mood.

(3) Request for Assistance in Addressing Concerns about a Student/Family

This is a checklist to aid in describing an identified problem. It exemplifies the type of a form that can be made available to school staff so that they can inform appropriate staff about someone they have identified as having problems that might warrant further screening.

(4) Record of Response to Request for Assistance in Addressing Concerns about a Student/Family

This is a record keeping form for initial case monitoring.

(5) Record of Contact with Referrer

This short form is designed for use in reporting back to the individual who made the request for assistance. Minimally, such a referrer should be told that the request was acted upon. As appropriate, the staff member should be told what was done. And if the staff member is to be part of a team that helps the student, the individual will need to know anything of relevance that was learned from the screening.

Section II

Screening Process

In this section, you will find

(1) **Exploring the Problem with the Student/Family**

This is a general guide designed to provide an overview of the types of information you might pursue to learn a bit more about a student's problem.

(2) **Outline of Specific Areas and Topics that Might be Explored to Better Understand the Nature and Scope of Problems**

This aid provides an outline to guide an intervener in exploring key facets of a young person's life, especially those areas that may be a source of trouble.

(3) **A Few Guidelines for Interviewing**

Ten points to keep in mind as you set out to do an interview.

(4) **A Basic Interview Format**

A generic set of steps to follow in conducting an interview with a student identified as a problem at school.

Section III

Tools for Screening.

Often it is feasible to directly discuss matters with a student and arrive at a reasonable picture of problems and next steps. When students are uncertain or reluctant to share their concerns or a staff member is somewhat inexperienced, a semi-structured instrument can be helpful in exploring the matter with the student. To provide additional data, a parent questionnaire or an extensive student self-report can be useful. Behavior rating instruments provide another basis for gathering information on students from a variety of sources (e.g., parents, teachers). And screening of suicide risk and for post-crisis trauma often require a more specialized focus. Finally, it helps to have a checklist that gives a functional picture of the student's problems and service needs.

In this section, you will find

(1) an **Initial Counseling Interview** (for use with all but very young students)

(2) a **Student Initial Questionnaire** (for use with young students)

(3) a **Sentence Completion Instrument for Students**

(4) a brief description of the **Children's Depression Inventory (CDI)**

(5) a **Parent/Guardian Questionnaire**

(6) a **Student Self-Report of Current Personal Status**

(7) a brief description of the

- **Child Behavior Checklist (CBCL)**
- **Conners Rating Scales**

(8) a **Substance Abuse Checklist**

(9) **Information on a Sample of Substance Abuse Assessment Tools**

(10) a **Suicidal Assessment -- Checklist** (with an accompanying checklist of steps to follow when a student is thought to be a suicidal risk)

(11) a **Crisis Screening Interview**

(12) a **Child/Youth Community Functioning Evaluation**

*For a fuller discussion of assessment related to psychosocial and mental health concerns in schools, you may want to obtain a copy of the introductory packet on *Assessing to Address Barriers to Student Learning* -- available from the Center for Mental Health in Schools at UCLA.

An annotated list

Tools For Assessing Environmental Barriers to Learning

The assessment instruments described below were selected to highlight tools that assess a wide range of factors that impact learning from an environmental view. Following each description is information on ordering the assessment tool.

Measures of Family Functioning

The Family Environment Scale

This instrument contains 90 items in a true/false format. It is designed to measure the social-environmental characteristics of families. The domains assessed include Relationship dimensions, Personal Growth dimensions, and System Maintenance dimensions. In particular, it assesses the following areas: conflict; cohesion; expressiveness; independence; achievement orientation; intellectual-cultural orientation; active-recreation orientation; and moral-religious emphasis, organization and control. Form R (Real form) measures individual's perceptions of their nucleus family environment. Form I (Ideal form) and Form E (Expectations form) are adapted from Form R.

Developed by R. H. Moos, this instrument can be purchased from Consulting Psychologists Press, Inc., 577 College Avenue, Palo Alto, CA 94306; 1-800-624-1765.

Family Assessment Measure

This measure is composed of three instruments and seven scales assessing task accomplishment, role performance, communication, affective expression, involvement, control, and values and norms.

Available from Lisa Johnson, FAM Coordinator, Addiction Research Foundation, 33 Russell Street, Toronto, Ontario, Canada M5S 2S1.

Family Health and Lifestyle Inventory: Form R

This is a multiple test battery, which includes the Family Environment Scale, the Child Behavior Checklist, Knowledge of Child Discipline Principle, demographics, and youth and parent alcohol and drug use.

Available from Karol L. Kumpfer, Ph.D., Department of Health Education, HPERN-215, University of Utah, Salt Lake City, UT 84103.

The School Environment

The Classroom Environment Scale

The Classroom Environment Scale is designed to assess the social climate of secondary school classrooms. Interpersonal relationships between students and teachers, as well as among students are measured. It also assesses the type of organizational structure of a classroom. The nine subscales are grouped in dimensions of relationship, personal development, system maintenance, and system change. Each subscale has nine true/false questions. The specific subscales are student involvement, student affiliation, teacher support, task-orientation, competition, order and organization, rule clarity, teacher control, and innovation.

Developed by R. H. Moos, & Edison J. Trickett, The Classroom Environment Scale can be purchased from Consulting Psychologists Press, Inc., 577 College Avenue, Palo Alto, CA 94306; 1-800-624-1765.

The Instructional Environment Scale

This scale utilizes a comprehensive methodology for assessing an individual student's instructional environment. This is to be used as part of a total student assessment. It helps pinpoint areas of strength and weakness, describing the extent to which a student's academic and behavior problems are a function of the instructional setting. Also, it identifies starting points in designing appropriate instructional interventions for students. Assessment is accomplished through systematic observation and interviewing. This scale consist of 60 items measuring the following areas: instructional presentation, classroom environment, teacher expectations, cognitive emphasis, motivational strategies, relevant practice, academic engaged time, informed feedback, adaptive instruction, progress evaluation, instructional planning and student understanding.

Developed by James E. Ysseldyke & Sandra L. Christenson, this scale can be obtained from 8700 Shoal Creek Blvd., Austin, TX 78758.

Early Childhood Environment Rating Scale

This instrument gives an overall picture of the surroundings created for children and adults who share an early childhood setting. The scale can be used by people who play various roles in an early childhood environment such as classroom teachers, administrators, board members, and outside professionals. Early childhood facilities include day care, head start programs, parent cooperative or private preschools, playgroups, church-related preschools, or kindergarten programs. This is a 37-item scale that measures personal care routines of children, furnishings and display for children, language reasoning experiences, fine and gross motor activities, creative activities, social development, and adult needs.

Developed by Thelma Harms, & Richard M. Clifford, the instrument can be purchased from Teachers College Press, P.O. Box 2032, Colchester, VT 05449.

Student Assessment of Teachers

This brief survey measures students' attitudes toward the teachers in their school. The questions are measured on a 5-point scale of agreement to statements about the way teachers treat students, their concern for students' well-being and learning, and the effort teachers put forth to make learning effective and interesting for students.

To obtain a copy of this measure, contact Project SCCOPE, Department of Psychology, University of South Carolina, Columbia, SC 29208.

The Community Environment

Sense of Community

This brief survey measures individuals' attitudes about the community they live in. The questions are measured on a 5-point scale of agreement to statements about the importance of one's community, feeling "at home" and satisfied in one's community, feeling familiar and congenial with neighbors, sharing similar values with those of the community, and feeling like the community functions smoothly.

The instrument is taken from D.M. Chavis, P. Florin, R. Rich, and A. Wandersman (1987). *The role of block associations in crime control and community development: The Block Booster Project.* Final Report to the Ford Foundation.

A guide for teachers and other school staff re.

The Prereferral Process

When a student is seen as having problems, the following steps may be helpful.

Related guidelines and materials are attached.

Step 1: Based on your work with the student, *formulate a description* of the student's problem.

(See attached checklist as an aid).

Step 2: Have *a discussion* to get the student's view. You may want to include the family.

(See attached suggestions).

Step 3: Try *new strategies* in the classroom based on your discussion.

(See attached list).

Step 4: If the new strategies don't work, *talk to others* at school to learn about additional approaches they have found helpful.

Step 5: If necessary, use the *school's referral processes* to ask for additional support services.

Step 6: Work with referral resources to *coordinate your efforts* with theirs for classroom success.

Step 1: Based on your work with the student, *formulate a description* of the student' problem. (Use the checklist as an aid).

A Checklist to Aid in Describing the Problem

Teacher's Name: _____ Rm. _____ Date_____

Extensive assessment is not necessary in initially identifying a student about whom you are concerned. If a student is having a significant learning problem or is misbehaving or seems extremely disturbed, begin by checking off those items below that are concerning you.

Student's name:_____ Birth date: _____ Grade: _____

Social Problems
( ) Aggressive
( ) Shy
( ) Overactive
( ) _____

Achievement problems
( ) Poor skills
( ) Low motivation
( ) _____

Overall academic performance
( ) Above grade level
( ) At grade level
( ) Slightly below grade level
( ) Well below grade level

Absent from school
( ) Less than once/month
( ) Once/month
( ) 2-3 times/month
( ) 4 or more times/month

Other specific concerns:

Comments: If you have information about what is causing the problem, briefly note the specifics here.

Step 2: Have a discussion to get the student's view. You may want to include the family. (See suggestions below).

Exploring the Problem with the Student and Family

As you know the causes of learning, behavior, and emotional problems are hard to analyze. What looks like a learning disability or an attentional problem may be an emotionally-based problem; behavior problems often arise in reaction to learning difficulties; what appears to be a problem with school may be the result of a problem at home.

It is particularly hard to know the underlying cause of a problem when the student is unmotivated to learn and perform. It will become clearer as you find ways to enhance the student's motivation to perform in class and talk more openly with you.

> The following guide is meant to help you get a bit more information about a student's problem.

Make personal contact with student (and those in the home). Try to improve your understanding of why the student is having problems and see if you can build a positive working relationship. Special attention should be paid to understanding and addressing factors that may affect the student's intrinsic motivation to learn and perform.

1. Starting out on a positive note: Ask about what the student likes at school and in the class (if anything).

2. Ask about outside interests and "hobbies."

3. Ask about what the student doesn't like at school and in the class.

4. Explore with the student what it is about these things that makes them disliked (e.g., Are the assignments seen as too hard? Is the student embarrassed because others will think s/he does not have the ability to do assignments? Do others pick on the student? Are the assignments not seen as interesting?)

5. Explore what other factors the student and those in the home think may be causing the problem?

6. Explore what the student and those in the home think can be done to make things better (including extra support from a volunteer, a peer, etc.).

7. Discuss some new things the student and those in the home would be *willing* to try to make things better.

Step 3: Try new strategies in the classroom based on your discussion.

Some Things to Try

The following list is meant as a stimulus to suggest specific strategies that might be tried before referring a student for special help.

1. Make changes to (a) improve its match between the student's program and his/her interests and capabilities and (b) try to find ways for the student to have a special, positive status in the program, at the school, in the community. Talk and work with other staff in developing ideas along these lines.

2. Add resources (aide, volunteers, peer tutors, home involvement, counseling) to help support student efforts to learn and perform. This includes having others cover your duties long enough for you to interact and relate with student as an individual.

3. Discussion with student (and those in the home) about why student is having problems

4. Special exploration with student to find ways to enhance positive motivation

5. Change regular program/materials/environment to provide a better match with student's interests and skills

6. Provide enrichment options in class and as feasible elsewhere

7. Develop a special status role for the student in the program (at the school, in the community)

8. Use volunteers/aide/peers to provide extra support (to help student through tasks, to provide tutoring and social support)

9. Special discussion with those in the home to elicit enhanced home involvement in solving the problem

10. Ask other staff for suggestions

11. Hold a special discussion with the student at which you and other staff (e.g., counselor, principal) explore reasons for the problem and find ways to enhance positive motivation

12. Try ancillary services (e.g., outside tutoring, counseling/therapy)

13. List other strategies you have tried.

14. Brainstorm to arrive at other ideas that should be added.

Step 4: If the new strategies don't work, talk to others at school to learn about additional approaches they have found helpful.

- Reach out for support/mentoring/coaching
- Participate with others in clusters and teams
- Observe how others teach in ways that effectively address differences in student motivation and capability and account for a student's current state of being
- Request additional staff development on these topics

There are a variety of topics that might be pursued related to exploring ways for classrooms to enhance how they help students by addressing barriers to learning within the context of a caring, learning community.

Topics include:

(1) Ways to train aides, volunteers, and peers to help with targeted students.

(2) Specific strategies for mobilizing parent/home involvement in schooling.

(3) Using specialist staff for in-class and temporary out-of-class help.

(4) Addressing the many transition needs of students.

Teacher Assistance Teams

One prereferral method uses teacher assistance teams (TATs) which also go by such labels as staff support teams, intervention assistance teams, etc. Stokes (1982) defines a TAT as "a school based problem-solving group whose purpose is to provide a vehicle for discussion of issues related to specific needs of teachers or students and to offer consultation and follow-up assistance to staff..." TATs are typically comprised of regular classroom, teachers; however, in some settings, TATs also include representatives from multiple disciplines, such as psychology or special education. TATs focus on intervention planning, usually prior to referral and assessment, rather than on placement. The TAT and the referring teacher meet to discuss problems the student is having, think of possible solutions, and develop a plan of action to be implemented by the referring teacher. Assessment data are gathered by TATs for the purpose of planning and monitoring the effectiveness of interventions. Follow-up meetings are held to discuss the effectiveness of the proposed interventions, and to develop other strategies if necessary. Ultimately, the TAT decides whether the student should be referred to special education (Garcia & Ortiz, 1988).

References

Stokes, S. (1982). *School-based staff support teams: A blueprint for action.* Reston, VA: Council for Exceptional Children.

Garcia, S.B., & Ortiz, A.A. (1988). *Preventing inappropriate referrals of language minority students to special education. Occasional Papers in Bilingual Education. NCBE New Focus #5* Silver Spring, MD: National Clearinghouse for Bilingual Education (EDRS # ED309591).

Step 5: If necessary, use the *school's referral processes* to ask for additional support services.

Step 6: Work with referral resources to *coordinate your efforts* with theirs for classroom success.

Referrals are relatively easy to make. BUT because most families are reluctant to follow-through on a referral, referrers usually need to do more than give them a name and address. On the next page, you will find a few guidelines that recognize that referral is an intervention.

Referral is an Intervention

Effective referral *intervention* strategies involve procedures that

- provide ready reference to information about appropriate referrals,
- maximize follow-through by helping clients deal with potential barriers.

A client oriented, user friendly referral intervention is built around recognition of the specific needs of those to be served and involves the clients in every step of the process. That is, the intervention is designed with an appreciation of

- the nature and scope of student problems as perceived by students and their family,
- differences among clients in terms of background and resources, and
- the ethical and motivational importance of client participation and choice.

Moreover, given that many clients are reluctant to ask for or follow-through with a referral, particular attention is paid to ways to overcome factors that produce reluctance.

Then, there is the process of referral follow-up.

- After the referral is made, you will want to know what additional assistance is provided. If you don't hear anything after 1-2 weeks, it is appropriate to send a note requesting information on current status.
- As others become involved in assisting the student and family, you will want to coordinate your efforts with them. You may actually see them on a regular basis at school and can handle the communications informally; otherwise, an arrangement should be made for periodic communication.

Prereferral Assessment

From:

Graden, Casey and Bonstrom; 1993

Five Stages of the Prereferral Assessment Process

Requests for Consultation

The first step in the process ought to be a request for consultation rather than a request for testing. The classroom teacher asks for help either from a resource teacher, a specialist or from members of a teacher assistance team (TAT).

Consultation

The resource teacher, TAT member, or other specialist works with the classroom teacher in order to verify the existence of a problem, and to develop strategies that might relieve the problem. During this consultation, the referring teacher is asked to specify the problems in clear observable terms, as well as to rank, in order of importance, the reasons for referral. The teacher is also asked to specify the ways in which the student's behavior affects the teacher and his or her expectations of the student. Finally, during the consultation, interventions are suggested, implemented and evaluated.

Observation

Observation of pupil behavior in classroom settings makes it possible to document the specific nature of referral problems. It also is a good opportunity to collect data regarding the frequency of the problem behaviors, the interaction between the pupil, teacher and other students, as well as the curriculum and activities used with the pupil. Based on these data, several intervention plans are developed that are clear on (1) which behaviors they target (what), (2) what the criteria for success are, (3) duration of intervention (how long), (4) location of intervention (where), (5) the persons responsible for implementing the intervention (who), and (6) the methods used for intervention (how).

Conference

A conference may be held to review pupil progress and to decide whether formal referral is necessary. This meeting may involve important school personnel, parents, and the student. During this meeting the data on the pupil and the interventions are discussed, feedback from the intervention personnel are solicited, and decisions are made to either continue intervention, modify interventions, or refer the student to formal psycho-educational assessment.

Formal Referral

A formal referral is made for psycho-educational intervention, and the child enters the formal child study process.

NEW DIRECTIONS AND ONGOING CONCERNS

Recently there has been a movement in education away from sole reliance on standardized, multiple choice assessment measures and toward assessment techniques that enrich curriculum as well as provide an evaluation of the full range of students' comprehension and critical thinking skills. One such strategy is performance assessment. Evaluators use the term "performance-based assessment" or "authentic assessment" to refer to tests that present tasks to students that call for a relatively complex constructed response in the form of an oral report, some sort of written analysis, etc. These responses are then scored so that the teacher can make accurate inferences about the degree to which their students possess the knowledge and/or skills assessed by the performance test. Performance assessments stress the higher order skills that schools should be teaching, can be used as diagnostic instruments, and have potential for being sensitive to a wide range of cultural and individual differences and disabilities.

On the following pages are excerpts from

(1) ERIC Digests that give an overview of *authentic and performance-based assessment*

(2) several recent works discussing assessment from the perspective of cultural diversity.

WHAT IS AUTHENTIC ASSESSMENT?

From: *The Case for Authentic Assessment*, compiled by Grant Wiggins.
(ERIC Digest, ED328611 Dec 90)

Assessment is authentic when we directly examine student performance on worthy intellectual tasks. Traditional assessment, by contract, relies on indirect or proxy 'items'--efficient, simplistic substitutes from which we think valid inferences can be made about the student's performance at those valued challenges.

Do we want to evaluate student problem-posing and problem-solving in mathematics? experimental research in science? speaking, listening, and facilitating a discussion? doing document-based historical inquiry? thoroughly revising a piece of imaginative writing until it "works" for the reader? Then let our assessment be built out of such exemplary intellectual challenges.

Further comparisons with traditional standardized tests will help to clarify what "authenticity" means when considering assessment design and use:

* Authentic assessments require students to be effective performers with acquired knowledge. Traditional tests tend to reveal only whether the student can recognize, recall or "plug in" what was learned out of context. This may be as problematic as inferring driving or teaching ability from written tests alone. (Note, therefore, that the debate is not "either-or": there may well be virtue in an array of local and state assessment instruments as befits the purpose of the measurement.)

* Authentic assessments present the student with the full array of tasks that mirror the priorities and challenges found in the best instructional activities: conducting research; writing, revising and discussing papers; providing an engaging oral analysis of a recent political event; collaborating with others on a debate, etc. Conventional tests are usually limited to paper-and-pencil, one- answer questions.

* Authentic assessments attend to whether the student can craft polished, thorough and justifiable answers, performances or products. Conventional tests typically only ask the student to select or write correct responses--irrespective of reasons. (There is rarely an adequate opportunity to plan, revise and substantiate responses on typical tests, even when there are open-ended questions).

* Authentic assessment achieves validity and reliability by emphasizing and standardizing the appropriate criteria for scoring such (varied) products; traditional testing standardizes objective"items" and, hence, the (one) right answer for each.

* "Test validity" should depend in part upon whether the test simulates real-world "tests" of ability. Validity on most multiple-choice tests is determined merely by matching items to the curriculum content (or through sophisticated correlations with other test results).

* Authentic tasks involve "ill-structured" challenges and roles that help students rehearse for the complex ambiguities of the "game" of adult and professional life. Traditional tests are more like drills, assessing static and too-often arbitrarily discrete or simplistic elements of those activities.

Types of Performance-Based Assessments

From : *Can Performance-Based Assessments Improve Urban Schooling?* compiled by Carol Ascher. (ERIC Digest Number 56, ED327612 Jun 90)

Several variations on performance-based assessment have been studied by researchers, experimented with by private testing companies, and instituted by public school systems.

Station Activities. Students proceed through a series of discrete tasks, either individually or in teams, in a given amount of time, much as in a science laboratory. They might be asked to measure electrical currents, sort seeds, compare the absorbency of paper products, or infer the characteristics of objects sealed in boxes. The questions asked are open-ended to elicit students' thinking strategies.

Domain Projects. Students conduct a rich set of exercises designed to explore an idea, concept, or practice central to a particular academic or artistic domain. For example, students are asked to test which paper towels are best as judged by a variety of criteria. They must solve a wide range of science and math problems to set up the criteria and make their judgments.

Portfolios. An extension of domain projects, portfolios consist of several projects completed in a sequence to show students' progress with a subject. Portfolios can include initial plans, drafts, self-evaluations, feedback from peers and teachers, plans for subsequent projects, etc.

Videotaping. Although this technology is reliable and inexpensive, its use is still relatively experimental as an assessment technique. However, one project used videotaped interviews to assess the mathematics understanding of primary school students.

From: *The Portfolio and Its Use: Developmentally Appropriate Assessment of Young Children,* compiled by Cathy Grace. (ERIC Digest, ED351150 92)

Educators use the term authentic assessment to define the practice of realistic student involvement. One method of authentic assessment is to assemble and review a portfolio of the child's work.

The portfolio is a record of the child's process of learning: what the child has learned and how she has gone about learning; how she thinks, questions, analyzes, synthesizes, produces, creates; and how she interacts--intellectually, emotionally and socially--with others. A portfolio as a purposeful collection of student work that exhibits to the student, or others, her efforts or achievement in one or more areas. Portfolios enable children to participate in assessing their own work; keep track of individual children's progress; and provide a basis for evaluating the quality of individual children's overall performance. Wide use of portfolios can stimulate a shift in classroom practices and education policies toward schooling that more fully meets the range of children's developmental needs.

From: *Portfolios for Assessment and Instruction,* compiled by Judith A. Arter and Others. (ERIC Digest, ED388890 95)

The perceived benefits for assessment are that the collection of multiple samples of student work over time enables us to (a) get a broader, more in-depth look at what students know and can do; (b) base assessment on more "authentic" work; (c) have a supplement or alternative to report cards and standardized tests; and (d) have a better way to communicate student progress to parents. Large-scale assessment (assessment outside of and across classrooms) tends to focus on reasons (a) and (b). Teachers tend to like portfolios for reasons (c) and (d). We will look at three common assessment uses of portfolios and then discuss some assessment issues.

A PERSPECTIVE ON ACCOUNTING FOR DIFFERENCES AND DISABILITIES IN ASSESSING STUDENTS

The first matter to be considered, of course, is whether the focus of assessment should be on the student. Often, the need is to assess external factors that may be the immediate cause of the student not functioning appropriately at school.

- When it is clear that information related to the student's strengths, weaknesses, and limitations is needed, the next consideration is whether the information already is in existing records that can be accessed.

- If the desired information is not available and direct assessment of the student is appropriate, then concerns about the assessor's ability to gather valid information arise. When all is said and done, these concerns are reflected in three question:

  Are there valid procedures for gathering the information?
  (e.g., culturally appropriate instruments)

  Can the assessor establish a positive working relationship with the student?

  Relatedly, is the student motivated to provide the desired information?

> *Concerns about cultural differences, disabilities, and other* ***group differences*** *resolve down to the problem of* ***individual differences*** *when it comes to assessing a given individual*

On the following pages, you will find excerpts from various authors along with other references to aid in furthering your understanding of procedures and concerns to account for differences and disabilities in assessing students.

From:

Richard Dana's chapter entitled: **"Impact of the use of standard psychological assessment on the diagnosis and treatment of ethnic minorities."**

In J. F. Aponte, R.Y. Rivers, & J. Wohl (Eds.) (1995). *Psychological Interventions and Cultural Diversity*. Boston: Allyn & Bacon.

In the absence of cultural competence, the practice of standard psychological assessment has unforeseen consequences. These may include not only faulty diagnosis, but also caricature and distortion ... by minimizing differences and stereotyping client behaviors.

Within each ethnic minority group, standard psychological assessment will be suitable for some members but inappropriate for others because of their varying degrees of assimilation. Moreover, the percentages of persons who are assimilated differ greatly among ethnic minority groups. As a result, it is always mandatory to distinguish those ... who are assimilated.... This may be done by assessment of cultural orientation using moderator variables....

Cultural Orientation and Moderator Variables

Four possible cultural orientations are usually distinguished. A *traditional orientation* is defined as retention of an original culture, whereas *nontraditional* refers to assimilation into the majority Anglo-American culture. *Bicultural* individuals have retained many aspects of their original culture while simultaneously functioning in a manner acceptable to and understood within the majority culture. *Marginality* implies rejection of substantial segments of both the original and the dominant society cultures. A fifth cultural orientation, *transitional*, has been used to describe Native Americans who are bilingual but who question their traditional religion and values (LaFromboise, Trimble, & Mohatt, 1990).

A listing of measures is provided in Table 4-1. Most of these measures are bilevel; they provide information not only on traditional culture but also on the acquisition of dominant society values.

TABLE 4-1. Selected-Moderator Variables for Assessment of Cultural Orientation

Measure	*Source*
Developmental Inventory of Black Consciousness	Milliones (1980)
Racial Identity Attitude Scale	Helms (1990)
African Self-Consciousness Scale	Baldwin & Bell (1985)
Suin-Lew Asian Self-Identity Acculturation Scale	Suin, Rickard-Figueroa, Lew, & Vigil (1987)
Acculturation Scale for Mexican Americans	Cuellar, Harris, & Jasso (1980)
Hispanic Acculturation Scale	Marin, Sabogal, VanOss Marin, Otero-Sabogal, & Perez-Sable (1987b)
Native Generations Diagnosis	Brown (1982, May)
Rosebud Personal Opinion Survey	Hoffman, Dana, & Bolton (1985)
Individualism-Collectivism Scale	Hui (1988)
Scale to Assess World Views	Ibrahim & Kahn (1987)

Test Administration

The assessment process in Anglo-American society is a professional relationship with established rules for acceptable client behaviors that were derived from the medical model of service delivery for physical health problems. This model emphasizes patient compliance in the face of provider expertise and credibility based on formal credentials provided by educational experience and professional licensing.

Distinct culture-specific styles of assessment service delivery can increase rapport and willingness to participate in an assessment process. African Americans are often reluctant to engage immediately in the expected task orientation that is necessary for any assessment process. This process has been described in stages of guarded appraisal, investigative challenges to determine culturally relevant experience, partial identification by personal relationship overtures, personal regard, and finally task engagement (Gibbs, 1985). This process of sizing up and checking out cannot always be accomplished in a single session.

Asian Americans conform to role relationships on the basis of gender, age, and expertise and have expectations for immediate benefit--a "gift" that strengthens the relationship sufficiently for subsequent services to occur (Sue & Zane, 1987). Credibility in these relationships occurs if the assessor is male; older than the client; and confident in communicating educational, experiential, and personal credentials (Lee, 1982).

Hispanic Americans respond to a cultural script for social interaction called *simpatia* (Triandis, Marin, Lisansky, & Betancourt, 1984). This etiquette includes leisurely chatting, or *platicando;* attention that is informal and personal, or *personalismo;* an atmosphere of warmth called *ambiente;* and role relationships invoking respect, or *respeto* (e.g., younger to older persons, women to men, to persons in authority). The intent of *simpatia* is to evoke *confianza en confianza*, or mutual trust. Moreover, for Hispanics, use of a client's first language is mandatory because affect communication and self-disclosure may be impaired and speech distortions may occur in the second language.

An acceptable service delivery style for Native Americans mirrors the sequence of talk and begins with informal chitchat on topics of mutual interest. Of course, this implies a basis for the conversation arising from shared activities occurring in other settings and from a relationship that has existed prior to the assessment service. Not only is tribe-specific cultural knowledge required, but there should be a personal basis for the relationship that already permits acceptance and trust. Whenever this context of relationship is not feasible, the test materials may be meager and incomplete. Subsequent interpretations of these data will often be faulty because the text protocols will appear to be adequate and self-revealing when, in fact, they represent only an attempt at task compliance without the investment of self that can occur only for a friend or relative.

Test Interpretation

Test interpretation is informed by a variety of unverbalized expectations and preconceptions for client responsivity to the standard assessment process and tests. Four of these conditions that can lead to implicit assessor bias will be examined:
(1) distortion as a result of minimizing differences among persons,
(2) pathologization by use of inappropriate diagnostic nomenclature,
(3) caricature as a result of stereotypy, and
(4) dehumanization as a consequence of inapplicable personality theories.

A Format for Description of Culturally Competent Psychological Assessment Services

Cultural competence includes not only cultural sensitivity but also the skills required to establish and maintain comfortable relationships with assessment clients. In addition, a knowledge of the limitations of standard psychological assessment with persons from cultural minority groups is necessary. Awareness of acceptable translations of standard psychological tests and competence in the client's first language are highly desirable. Selection and/or modification of appropriate existing tests and other assessment materials with cultural validity is also required. In addition, in some settings for some cultural groups, the creation of new culture-specific or *ethnic* tests will be desirable.

A suggested format for culturally relevant assessment procedures would include these cultural competence ingredients as well as culture-specific feedback procedures to maximize the likelihood of client interest in subsequent interventions. Individuals from minority cultures who are traditional in orientation often may experience standard psychological assessment as neither appropriate nor fair. Alterative assessment procedures are then required. These alternatives may consist of modifications or adaptations of standard psychological assessment instruments, including translations, or the creation of new culture-specific measures. Bicultural and transitional individuals should be encouraged to make an informed choice between standard psychological assessment and culture-specific measures, whenever such measures are available. Marginal persons may often be uninterested, unmotivated, and/or unwilling participants in any assessment process. These persons require a time-limited and problem-specific mix of standard and culture-specific technologies, often with a behavioral emphasis.

Assessment findings may need to be communicated to the client and/or to family members or other advocates. In this communication process, attention should be given to the expectations for intervention procedures and service providers that have resulted from specific beliefs about health and illness. These beliefs need to be examined in a context of available intervention resources and with the person(s) who are responsible for implementing and intervention.

At present, the practice of culturally competent assessment is rare indeed. Despite awareness and formal pressure from program accreditation guidelines and site visitors, there is a paucity of relevant training available to students. In addition, the assessment establishment remains skeptical regarding the necessity of translations, local or group norms, moderator variables, culture-specific service delivery styles, or any need for new *ethnic* tests for ethnic minority groups in the United States. The solution to these dilemmas lies in greater understanding of the cultural specificity of the Anglo-American world view as expressed in our assessment technology. Such understanding requires an ethnorelativism that honors and is responsive to a much wider range of individual differences than occurs at the present time. Implementation of cultural competence in assessment training will require not only a greater ethnic minority faculty presence in training but also political persuasion that will occur only when a larger proportion of the United States population represents various ethnic minorities.

References:

Dana, R. H. (1992). A Commentary on assessment training in Boulder and Vail Model programs: In praise of differences! *Journal of Training and Practice in Professional Psychology, 6(2),19-26.*

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Lee, E. (1982). A social systems approach to assessment and treatment for Chinese American families. In M. McGoldrick, J. K. Pierce, & J. Giordano (Eds.), *Ethnicity and family therapy* (pp. 527-551). New York: Gilford Press.

Sue, S., & Zane, N. (1987). The role of culture and cultural techniques in psychotherapy: A critique and reformulation. *American Psychologist, 42,* 37-45.

Triandis, H. C., Marin, G., Lisansky, J., & Betancourt, H. (1984). Simpatia as a cultural script of Hispanics. *Journal of Personality and Social Psychology, 4 7.* 1363-1375.

PERFORMANCE ASSESSMENT AND STUDENTS WITH DISABILITIES

From: *Using Performance Assessment in Outcomes-Based Accountability Systems.* by McLaughlin, M. J.; Warren, S. H. (Council for Exceptional Children, ERIC Clearinghouse on Disabilities and Gifted Education, Reston, VA)

Derived from McLaughlin, M. J. & Warren, S. H. (1994). Performance Assessment and Students with Disabilities: Usage in Outcomes-Based Accountability Systems. Reston, VA: The Council for Exceptional Children. Product #P5061.

Performance assessments can offer a number of benefits over the use of traditional standardized assessments for students with disabilities. The most important benefit is the potential for linking instruction and assessment: As the student completes the assessment task, the teacher uses the data to improve instruction. To ensure success of performance assessments in an outcomes-based system, the following issues must be addressed for students with disabilities:

1. **Defining the Outcomes**. Assessment programs are constructed to measure progress toward valued educational goals. When outcome frameworks are defined too narrowly (e.g., academic content domains) and neglect other valued areas (e.g., vocational skills, personal management, social skills, and communication), the outcomes may not reflect all of the skills that are valued for students with disabilities. Assessment tasks need to be relevant to the students' program goals.

2. **Developing Performance Standards**. Standards are benchmarks against which student performance may be compared. A critical decision in designing an assessment system is whether students will be compared to themselves to determine change in their performance over time, or whether they will be compared to fixed standards of performance. Many students with disabilities cannot meet absolute standards, particularly in the academic areas. When participation in the assessment program is linked to high school diplomas, students with disabilities may be at a particular disadvantage.

3. **Assessment Accommodations.** Students with disabilities may benefit from accommodations made during assessment: These include (a) additional time to complete the task, (b) alternative testing locations, (c) alternative means of administration (e.g., reading, interpretation, Braille), (d) alternative supplies or equipment (e.g., computers), and (e) alternative forms of assessment.

4. **Scoring.** When assessment results must be reported in the aggregate and when results matter, such as for diplomas, scoring reliability becomes critical. Rigorous scoring is as necessary in alternative assessments as in traditional assessments.

WHAT ARE THE CONSIDERATIONS FOR INCLUDING STUDENTS WITH DISABILITIES IN OUTCOMES-BASED ACCOUNTABILITY SYSTEMS?

Despite the strong impetus to include students with disabilities in assessments, there are still major considerations that must be addressed:

1. Outcomes-based systems present special educators with a difficult conceptual switch from believing that each student with a disability should have individualized outcomes to accepting the notion of a common set of outcomes across students.

2. There is still ambiguity among assessment experts regarding how much accommodation should be provided within an assessment program.

3. When one set of scoring standards is defined for all students, with no modifications made for students with disabilities, students with disabilities may be denied diplomas or otherwise penalized.

4. When results are used for high stakes accountability, there may be greater pressure to exempt students with disabilities. Once the decision to exempt students with disabilities is made, there may also be pressure to identify more students as having disabilities in order to exempt more students from the assessments.

Multicultural Assessment

By W.E. Sedlacek, & S.H. Kim (1995). Greensboro, NC: ERIC Clearinghouse on Counseling and Student Services (ERIC Document Reproduction Service No. ED391112. To obtain a copy, call 1-800-LET-ERIC.)

Assessment includes the use of various techniques to make an evaluation; multicultural assessment refers to the cultural context in which the assessment is conducted, namely one in which people of differing cultures interact. One can argue that all assessments are conducted and interpreted within some cultural context, but only recently have the cultural assumptions underlying such assessments been acknowledged (Sue & Sue, 1990). The fields of counseling and therapy traditionally have relied heavily upon the use of assessment techniques to gather information about clients in order to indicate appropriate directions for treatment. Measures to assess personality, cognitive abilities, interests, and other psychological constructs have been utilized in a variety of different counseling and education settings. Although many of the measures most widely used have established reliability and validity only within White racial samples, these measures often are used inappropriately and unethically with populations from different cultures.

SUGGESTIONS FOR IMPROVING MULTICULTURAL ASSESSMENTS

1. "Concentrate on empirical and operational definitions of groups, not just labels."

2. "Identify measures specifically designed for multicultural groups."

3. "Encourage the consideration of cultural factors in the earliest conceptual stages of instrument development."

4. "Increase opportunities for an exchange of information between those with quantitative training in instrument development and those with an interest and expertise in multicultural issues."

More valid assessments for multicultural populations would help counseling professionals better serve their clients and improve the lives of many people whose backgrounds and experiences may differ from those of White clients. Four common misuses of assessments in multicultural contexts were presented here, as were ways to counteract those misuses. Concentrating on empirical and operational definitions of multicultural groups rather than relabeling was the first suggestion discussed. Using measures specifically designed for multicultural groups was recommended as the best solution to the problem of using instruments normed on White populations. Developing new measures from a "culturalist perspective" was the recommended way to counter a lack of multicultural thinking in instrument development. Creating more opportunities to bring together those with training in instrument development and those with multicultural interests was seen as a way to improve the quality of multicultural assessments by professionals.

Referring Language Minority Students to Special Education.

By Paula Olson (1991). Washington, DC: ERIC Clearinghouse on Languages and Linguistics (ERIC Document Reproduction No. ED329131. To purchase a copy, please call 1-800-LET-ERIC.)

Abstract: This digest discusses the process of referring language minority students to special education, focusing specifically on the problems of overreferral and underreferral.

The assessment and placement process is not a simple task. Legal requirements can cause difficulties for districts or schools seeking to implement procedures for assessing LEP children. These requirements can be complex or require a certain level of prior knowledge or expertise. The misdiagnosis of LEP students for special education has led to a number of lawsuits and court orders (Diana vs. California State Board of Education).

Direct attention to evaluation is essential in order to provide quality education to all students.
Hamayan and Damico (1990) suggest that the following questions need to be considered in bilingual special education testing:

- How can the temporary difficulties LEP students face in learning function in a nonproficient language be distinguished from more per perceptual and cognitive deficiencies that interfere with learning?
- How can the abilities and disabilities of bilingual students be evaluated when students are not proficient in the language of testing?
- How can the abilities and disabilities of students be accurately assessed when the students are unfamiliar with the social norms underlying tests?
- What types of assessment not only satisfy the requirements of the law but also give service provides clear guidelines as to the components of instruction that a student needs?

It is vital to distinguish students who are experiencing difficulties in school because of limited English skills from students who are handicapped. Inappropriate referral to special education can be stigmatizing and costly, and can inhibit limited-English-proficient students from achieving their full academic potential.

References: Hamayan, E. V., & Damico, J. S. (1990). "Limiting bias in the assessment of bilingual students." Austin, TX: Pro-Ed.

A related reference:

Language Minority Students with Disabilities: Exceptional Children at Risk
by L.M. Baca, & E. Almanza (1991). Reston, VA: ERIC Clearinghouse on Handicapped and Gifted Children (ERIC Document Reproduction No. ED339171.)

Discusses the preparation needed by schools to meet the needs of limited-English-proficient (LEP) students with disabilities. Explains the importance of programming based on the strengths of native languages and cultures, provides a synthesis of research, and, is organized into the areas of prereferral, assessment, and instruction. Also discusses implications for administrators, stressing collaboration between regular and special education in designing and implementing programs and the importance of improving prereferral services and inservice training. The last chapter looks at implications for teachers, including the importance of empowering teachers with current research on intervention strategies and the teacher's role in facilitating the optimal cognitive and affective development of culturally and linguistically different exceptional students.

MODEL PROGRAMS

Assessing to Address Barriers to Student Learning

1. Dynamic Approaches in Assessing Individuals
2. Accounting for Individual Differences
3. Assessing Program Capability to Address Barrier
4. Statewide Reform of Assessment

1. *Dynamic Approaches to Assessment*

Excerpted from:

Zones of Proximal Development for Those at Risk

by Joseph C. Campione, Martha Rutherford, Ann Gordon, Jill Walker, and Ann L. Brown
University of California, Berkeley

In *Learning Disabilities: New Directions for Assessment and Instruction.*
N. Jordan and J. Goldsmith-Phillips (Eds.) (1994) Boston: Allyn and Bacon.

During the last ten years or so, an increasing proportion of our work has taken place in classroom settings, and we have designed and implemented successful school-situated interventions based on this prior theoretical and empirical work (Brown & Campione, 1990, in press; Brown & Palincsar, 1982, 1989; Campione, Brown & Jay, in press; Palincsar & Brown, 1984). The classroom research has progressed from the design of a program, reciprocal teaching, aimed at improving text comprehension skills in poor readers, to the construction of a more general and powerful learning environment. This community of learners (Brown & Campione, 1990) features a focus on intentional learning--or learning to learn--set within a curriculum devised to integrate the basic enabling literacies (reading, writing, mathematics) with the learning of scientific content.

We have come to treat the work as a large-scale "design experiment" (Brown & Campione, in press; Collins, in press), in which we simultaneously aim to change the design of classroom practices and to study the effects of those changes. Within the overarching experiment, a number of more specific research questions are also raised, including the following: (1) analyses of the mechanisms involved in successful learning (Brown, 1991), (2) the nature of a curriculum that supports intentional learning (Ash, Rutherford, & Brown, 1992), (3) the role of technology (Campione et al, in press), and (4) the process of teacher change. In this chapter, we focus on the extent to which this classroom learning environment is responsive to students with "special needs." In our classrooms, the incidence of such students is increasing dramatically, as schools are required to serve larger numbers of students from more varied ethnic, linguistic, and cultural backgrounds, and encompassing many who are, for assorted reasons, relatively unprepared to enter an academic community.

We would like to acknowledge the considerable support of the teachers and principals at the John Swett School in Oakland, California, and Margaret Hauben, Assistant Superintendent for Curriculum of the Oakland Unified School District. Last, of course, we wish to acknowledge the students who have made the work possible.

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2. Accounting for Individual Differences

Instructional Support Team Project

The instructional Support Team Project, an initiative of the Pennsylvania Department of Education, is a state-wide effort to transform the structure and goals of special education services. There are two major aspects of this transformation: 1) the focus of special education shifts away from categorizing services to utilizing services in a manner that supports effective regular education services before students are referred for evaluation, and 2) the focus of the intervention is on the instructional needs of students rather than on the internal deficiencies of students. The core mechanism for implementing these changes is the Instructional Support Team (IST) which serves as a bridge between special and regular education programs. At each school ISTs function as pre-referral intervention groups that link all school resources and provide peer-support and problem solving assistance for teachers; provide initial screening; assist teachers in developing accommodations to help students with disabilities; and help the regular education teacher to make better use of support services.

Reference:

Bridging Special and Regular Education: The Pennsylvania Initiative. J.F. Kovaleski, J.A. Tucker, & L.J. Stevens (1996). *Educational Leadership, 44-47.*

Project Achieve: An Integrated Student-Centered Service Delivery Model for Public School Systems

Project Achieve is a school reform program that targets academically and socially at-risk students. Project Achieve places emphasis on improving academic and social behavior of students in order to, among other things, maintain integration and reduce placement into special education. This is done through an integrated process that involves systemic changes in the domains of organization, resource development, inservice training, and parent-community involvement.

For more on this model, see:

Project Achieve: A collaborative, school-based school reform process to improve the academic and social progress of at risk and underachieving students. H.M. Knoff & G.M. Batsche (1995). Information Packet. School Psychology Program: Institute for School Reform, Integrated Services, and Child Mental Health and Education Policy: University of South Florida, 4202 East Fowles Ave, Tampa, FL 33620-7750.

3. Assessing Program Capability to Address Barriers to Student Learning

Every school needs to assess how well it supports learning, and how well its component to enable learning is integrated with its instructional component. Such an enabling component addresses barriers to learning and promotes healthy development. Thus, the question arises: How does a school assess its component for addressing barriers to learning and promoting healthy development? To help a school site answer this question for itself, a set of surveys were designed. An excellent example of their use is seen in the work being done at the Elizabeth Street Learning Center which is one of the New American Schools Development Cooperation "break-the-mold" national models.

Contact:

Elizabeth Street Learning Center
Mary View Schneider
4811 Elizabeth St.
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Fax: (213) 629-5288

The surveys are included in a *Resource Aid Packet* developed by the Center and available on request from our Clearinghouse. In addition to an overview **Survey of System Status**, there are program status surveys to help in the development of ways to address barriers to student learning by enhancing:

- **classroom-based efforts** to enhance learning and performance of those with mild-moderate learning, behavior, and emotional problems
- **support for transitions**
- prescribed **student and family assistance**
- **crisis assistance and prevention**
- **home involvement in schooling**
- **outreach for** greater **community involvement** and support--including recruitment of volunteers.

The Referral Question Consultation (RQC)

This is an assessment model that links assessment to instruction. Knoff and Batsche describe the model in the following brief excerpt from their 1995 article "Best Practices in Linking Assessment to Instruction." (In *Best Practices in School Psychology*, Alex Thoman and Jeff Grime (Eds.) Arlington, NASP.

The RQC process typically involves any and all school professionals who interact with and might facilitate the problem-solving process relative to a referred student. It is assumed ... all participants have expertise, each in their own professional area, and that the diversity of their perspectives will significantly enhance the ... process.... (which involves 10 interdependent steps:

1. *Review* all existing data available on the referred student and collect any additional background data as appropriate.

2. Meet with the referral source in a *consultative interview* to behaviorally define his or her initial concerns, to identify desired *element behaviors*, to identify the need for additional data to finalize the behavioral operationalization of these concerns, to informally test some initial hypotheses, and to determine the referral source's assessment goals and commitment to the RQC process.

3. Develop hypotheses to explain the initial concerns as behaviorally operationalized.

4. Develop prediction statements from the generated hypotheses to organize assessment strategies.

5. Develop data-based referral questions that will guide the assessment process and confirm or reject the generated hypotheses.

6. Select multitrait, multimethod *assessment procedures* that will specifically answer the referral questions and facilitate the link between assessment and intervention.

7. *Apply the assessment and background data* so as to answer the referral questions and to confirm or reject the generated hypotheses.

8. Select and implement intervention strategies consistent with those hypotheses that have been confirmed.

9. *Monitor and evaluate change* in the area of the initial concern to determine the impact of the intervention.

10. Develop a written *report* that documents the RQC process, the interventions tried, and the intervention outcomes as they relate to the resolution of the initial, referred concerns.

To simplify the RQC process, (it has) ... been reorganized into six areas... (Knoff & Batsche, 1991b, pps. 177-180)....

1. Family, neighborhood, and community conditions. These involve characteristics or conditions of a referred student's family, neighborhood and community as they relate ultimately to effective teaching and student learning outcomes. They emphasize the importance of such factors as a healthy home environment, parenting style, levels of supervision and feedback, and their impact on a student's school readiness and success.

2. Within-classroom/school/district conditions. These involve favorable and/or unfavorable characteristics and conditions within a referred student's classroom and school building such as the physical plant, the pupil-teacher ratio, the presence of instructional resources (e.g., computers, audiovisual equipment), professional development opportunities for staff, the administrative and instructional organization of the building, and other conditions that explain teacher effectiveness. This area also extends to characteristics and conditions within the school district that impact classroom instruction and student achievement.

3. Teacher characteristics/ performance/effectiveness conditions. These involve characteristics and conditions that teachers bring to the room that ultimately translate into effective instruction skills and behaviors that affect student learning (e.g., background characteristics, professional training). Also involved are those empirically identified skills, activities and conditions that teachers perform to make their instruction effective and impactful (e.g., use of curriculum, ability to adapt instruction).

4. Curricular characteristics/conditions. These involve characteristics and/or conditions of the curricula being used and include the curriculum's content as well as the processes used to ensure student learning and mastery.

5. Peer characteristics/conditions. These involve characteristics and/or interactions with a referred student's peer group that become either antecedent or consequent stimulus control conditions for specific behaviors. While these peer characteristics may be real or simply perceived by the referred student, they, nonetheless, do assert some level of control over a referred situation.

6. Student characteristics/conditions. These involve often pre-existing characteristics and conditions that relate primarily to a student's health/development, cognitive and academic ability, educational attitudes, and readiness for academic and social learning. These characteristics directly relate to those academic behaviors that support learning progress and achievement.

4. Statewide Reforms of Assessment

Vermont: Reforms towards Performance-Based Assessment

During the 1990-91 school year, the state department of education implemented a pilot assessment of a portfolio system in 48 of its school districts. Under the program, which was created by teams of teachers throughout the state, fourth and eighth grade students compiled portfolios of classroom work in writing and mathematics. In both portfolios, students select included work that represent a list of required items. For example, writing portfolios must include a poem, story, play or narrative; a personal response to a cultural event, current issue, math problem, or science phenomenon; a "best piece" and a letter explaining why that piece was chosen. Portfolios are graded by the teacher of the class; however, a sample of the portfolios are then rescored by another group of teachers at the regional level as a test of reliability. Discrepant scores are then "moderated." Portfolios are scored on a set of specific criteria defined by the program.

Teachers as well as administrators have responded favorably to the portfolio system, and many more schools want to get involved. Teachers and administrators did admit that implementing a portfolio system required a fair amount of training and reorganization, and that preparation and grading of portfolio assignments took more time than those required for conventional grading systems. However, teachers and administrators agreed that students seem to learn more and teachers have a better understanding of their students' strengths and weaknesses. The one shortcoming of the program was that interrater reliability for scoring the portfolios was low; however this shortcoming is expected to be remedied with time and experience with this new system.

Contact: Elaine Grainger, Vermont Dept. of Education, 120 State St., Monpelier, VT 05620.

Kentucky's Statewide Reform of Education and Assessment

In 1990, the state of Kentucky was forced to dismantle and rebuild its entire education system. Those in the state used this as an opportunity to completely reconstruct their education and assessment systems towards a focus on teaching critical and creative thinking and using more performance-based techniques of assessment. The Kentucky Education Reform Act (KERA) was passed into legislation and spelled out explicit goals of student learning and set up a strict accountability system: schools where students improved were eligible for cash bonuses, and schools that did poorly faced possible sanctions. In keeping with the laws's focus on student performance, educators in the state first spelled out seventy-five statements of what students ought to know and be able to do, and created a new assessment system to measure performance on these outcomes. Assessments are administered in grades four, eight, and eleven. These assessment procedures ask students to use what they know to solve real-world problems. It allows them to demonstrate what they know and are able to do not just find the right answer. It also evaluates students' work against agreed-upon standards of performance, rather than by comparing students with one another.

Kentucky's assessment is similar to the Vermont system. However, unlike Vermont, Kentucky assessments are scored by an independent firm, Advanced Systems in Measurement, and not by teachers (although teachers grade portfolios). With an independent firm scoring assessments, skepticism may be reduced and reliability increased. In addition, officials launched a public relations campaign to explain the standards, and present results. Although results were initially low, over time scores have improved. Overall, Kentucky officials are pleased with the new program and are optimistic about its long-term success.

Contact: Scott Trimble, Kentucky Dept. of Ed.; 1722 Capitol Plaza Tower, 500 Mero St. Frankfort, KY 40601; 502/564-4394.

Agencies, Organizations, Advocacy Groups and Internet Resources Offering Assistance Related to Screening and Assessment

The following is a list of centers that offer information and resources related to screening and assessment. This list is not a comprehensive list, but is meant to highlight some premier resources and serve as a beginning for your search.

ERIC Counseling and Student Services Clearinghouse (ERIC/CASS)
School of Education
University of North Carolina at Greensboro
Greensboro, North Carolina 27412-5001
Website: http://www.uncg.edu/

The Evaluation Assistance Center East
(EAC East)
1730 N. Lynn Street, Suite 401
Arlington, VA 22209
800/925-EACE
703/528-3588
703/528-5973 (fax)
Website: http://www.gwu.edu/~eaceast

The Evaluation Center
Western Michigan University
Kalamazoo, MI 49008-5178
616/387-5895
616/387-5923 (fax)
Website: http://www.wmich.edu/evalctr/

The Technical AssistanceCenter for the Evaluation of Children's Mental Health Systems
Judge Baker Children's Center
295 Longwood Ave
Boston, MA 02115
617/232-8390
617/232-4125 (fax)
Website: http://www.pie.org:80/T3632

National Association of School Psychologists
Website: http://www.uncg.edu/~ericcas/nasp

As noted above, most agenices are developing Websites. The Internet is a useful tool for finding some basic resources. For a start, try using a search engine such as Yahoo and typing the words "assessment" or "evaluation." Frequently if you find one useful Webpage it will have links to other organizations with similar topics of research.

Listed below are descriptions of what some Websites contain related to assessment.

The Evaluation Assistance Center East

Description: This website allows access to the various resources made available by the Evaluation Assistance Center East. This technical assistance center is funded by the U.S. Dept. Of Education's Office of Bilingual Education and Minority Languages Affairs to asssist educators working with English Language Learners (ELLs) in grades K-12.
Address: 1730 N. Lynn Street, suite 401. Arlington, VA 22209 Phone: 1 (800) 925-EACE
Fax: (703) 528-3588
http://www.gwu.edu/~eaceast

Assessment Resource Office of Eastern New Mexico University

Description: This site posts Eastern New Mexico University's outcomes assessment plans for academic and non-instructional areas and a good set of resources for classroom assessment techniques.
Address: Assessment Resource Office, Station 9, Eastern New Mexico University. Portales, New Mexico 88130. Phone: (505)562.4313. Fax: (505)562.4326.
http://www.enmu.edu/~testaa/

The Buros Institute of Mental Measurements

Description: This web site features information about the Institute, articles to promote responsible test use, and guides to the usage of its major publications, *Mental Measurements Yearbook* and *Test in Print*. The *Buros Test Review Locator* is a joint project with ERIC/AE which can help you identify which of the Institutes's publication reference particular tests.
Address: University of Nebraska-Lincoln. 135 Bancroft Hall. Lincoln, NE 68588-0348.
http://ericae2.educ.cua.edu/

National Center for Research on Evaluation, Standards, and Student Testing (CRESST)

Description: This web site contains assessment information presented in a variety of formats tailored to meet the needs of multiple audiences. CRESST offers searchable newsletters and technical supports, a unique and large database of alternative assessments, and descriptions of its available products. Available CRESST publications were written to help teachers and administrators implement assessment reform practices; use of the CRESST web site's keyword search will make available numerous texts on assessment and evaluation to download.
Address: 10920 Wilshire Blvd. Suite 900. Los Angeles, CA 90024-6511.
Phone: (310)206.1532.
http://cresst96.cse.ucla.edu/cresst.htm

ERIC Clearinghouse on Assessment and Evaluation (ERIC/AE)

Description: A variety of useful documents prepared by the ERIC Clearinghouse are available in libraries over the Internet. At the ERIC/AE Web and Gopher sites, you will find measurements and evaluation news, full text resources including books, essays (including 31 Assessment Essays), and newsletters on assessment and evaluation, test schedules of major standardized test, the Test Locator, places to search ERIC databases, descriptions of major testing projects, materials pertaining to Goals 2000 and world class standards, and pointers to other sites containing assessment and evaluation information.

Address: The Catholic University of America. Washington, DC 20064. Phone: 800-464-3742. 800-GO4ERIC

http://ericae2.educ.cau.edu/

North Central Regional Educational Laboratory (NCREL)

Description: This site addresses critical issues identified by educators, researchers, and community leaders. National leaders in each area provide practical, research-based solutions to these issues. Contributors to Pathways come from America's leading educational research centers and universities. Pathways contains a variety of articles, graphics, movies, and sound files, as well as extensive links to other exemplary Internet resources for education.

Address: North Central Regional Educational Laboratory. 1900 Spring Road Suite 300. Oak Brook, IL 60521 phone: (708) 571-4700 fax: (708) 571-4716.

http://www.ncrel.org/

The National Council on Measurement in Education (NCME)

Address: http://www.assessment.iupui.edu/ncme/ncme.html

Description: This site contains information about the organization, general announcements, job postings, public domain software, links to other measurement-related organizations, and information about individual members. Contact address: 1230 17th Street, NW. Washington, DC 20036-3078 Phone: (202) 223-9318

The Northwest Regional Educational Laboratory (NWREL)

Description: This website gives access to the online database of NWREL which includes alternative assessment instruments and procedures and annotated bibliographies. The Northwest Regional Educational Laboratory's mission is to improve educational results for children, youth, and adults by providing research and development assistance in delivering equitable, high quality educational programs. NWREL provides research and development assistance to education, government, community agencies, business and labor. The primary service area is the Northwest states of Alaska, Idaho, Montana, Oregon, and Washington.

Address: NWREL, 101 SW Main Street, Suite 500, Portland, OR 97204 Telephone - (503) 275-9500 or (800) 547-633. Fax - (503) 275-9489.

http://www.nwrel.org/

Screening and Assessment Consultation Cadre List:

Note: Listing is alphabetized by Region and State as an aid so you can find and network with resources closest to you.

Our list of professionals is growing daily. Here are a few names as a beginning aid.

Central States

Iowa

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Dept. of Psychology, University of Iowa
Iowa City, IA 52242
Phone: 319/335-2468
Fax: 319/335-0191
Email: philip-mann@uiowa.edu

Michigan

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Counseling/Community MH Services
A.C.C.E.S.S.
2601 Saulino Court
Dearborn, MI 48120
Phone: 313/843-2844
Fax: 313/842-5150

Minnesota

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Minnesota Dept of Children, Families & Learning
830 Capitol Square Building
St. Paul, MN 55101
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Fax: 612/297-7368
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Ohio

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349 West First Street
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School-Linked Mental Health Services Project
Center for Public Sector Innovation
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Susan Proietti
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School Based Youth Services
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New York

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Univ. of Rochester
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Steven Pfeiffer
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Fax: 813/974-5814
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Assertive Outreach Counselor
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Center
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Southwest

California

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WHAT EVERYONE SHOULD KNOW ABOUT ASSESSMENT IN SCHOOLS

The following material is excerpted and somewhat abridged from two ERIC documents *

Standardized Tests

One tool that schools use to learn about students is the standardized test. This brochure explains basic feature of these tests and suggests questions to ask about testing. Understanding the role testing will help you to enable a child to succeed in school and to develop a better relationship between a family and a child's school.

What Are Standardized Tests?

Usually created by commercial test publishers, standardized tests are designed to give a common measure of students' performance. Because large numbers of students throughout the country take the same test, they give educators a common yardstick or "standard" of measure. Educators use these standardized tests to tell how well school programs are succeeding or to give themselves a picture of the skills and abilities of today's students.

Some popular tests include the California Achievement Tests (the CAT), the Stanford Achievement Test, the Iowa Test of Basic Skills (the ITBS), and the Stanford-Binet Intelligence Scale.

Why Do Schools Use Standardized Tests?

Standardized tests can help teachers and administrators make decisions regarding the instructional program. They help schools measure how students in a given class, school, or school system perform in relation to other students who take the same test. Using the results from these tests, teachers and administrators can evaluate a school system, a school program, or a particular student.

How Do Schools Use Standardized Tests?

Different types of standardized tests have different purposes. Standardized *achievement* tests measure how much students have already learned about a school subject. The results from these tests can help teachers develop programs that suit students' achievement levels in each subject area, such as reading, math, language skills, spelling, or science.

Standardized *aptitude* tests measure students' abilities to learn in school-- how well they are likely to do in future school work. Instead of measuring knowledge of subjects taught in school, these tests measure a broad range abilities or skills that are considered important to success in school. They can measure verbal ability, mechanical ability, creativity, clerical

*What Should Parents Know About Standardized Testing in Schools? Written by Carolyn Bagin and Lawrence Rudner (1993), ERIC Clearinghouse on Assessment and Evaluation; What Should Parents Know About Performance Assessment? Also, see article entitled, "Performance Assessment" by Lawrence M. Rudner and Carol Boston, *The ERIC Review*, 3, 1, Winter 1994. This theme issue on performance-based assessment (ED 369 389) is available from ERIC Document Reproduction Service (EDRS). To purchase a copy, call 1-800-443-ERIC.

ability, or abstract reasoning. The results from aptitude tests help teachers to plan instruction that is appropriate for the students' levels. Educators most commonly use achievement and aptitude tests to

- Evaluate school programs;
- Report on students' progress;
- Assess students' strengths and weaknesses
- Select students for special programs
- Place students in special groups; and
- Certify student achievement (for example, award high school diplomas or promote students from grade to grade).

Can Standardized Tests Alone Determine a Child's Placement in the Classroom?

No. Paper-and-pencil tests give teachers only part of the picture of a child's strengths and weaknesses. Teachers combine the results of many methods to gain insights into the skills, abilities, and knowledge of a child. These methods include:

- Observing students in the classroom;
- Evaluating their day-to-day classwork;
- Grading their homework assignments;
- Meeting with their parents; and
- Keeping close track of how students change or grow throughout the year.

Standardized tests have limitations. These tests are not perfect measures of what individual students can or cannot do or of everything students learn. Also, a child's scores on a particular test may vary from day to day, depending on whether a child guesses, receives clear directions, follows the directions carefully, take the test seriously, and is comfortable in taking the test.

Performance Assessment

Performance assessment is one alternative to traditional methods of testing student achievement. While traditional testing requires students to answer questions correctly (often on a multiple-choice test), performance assessment requires students to demonstrate knowledge and skills, including the process by which they solve problems. Performance assessments measure skills such as the ability to integrate knowledge across discipline contribute to the work of a group, and develop a plan of action when confronted with a new situation. Performance assessments are also appropriate for determining if students are achieving the higher standards set by states for all students. The following explains features of this assessment alternative, suggests ways to evaluate it, and offers exploratory questions to ask about this subject.

What Are Performance Assessments?

The Office of Technology Assessment of the U.S. Congress describes performance assessment *as testing that requires a student to create an answer or a product that demonstrates his or her knowledge or skills.* Examples of performance assessments include:

- **Group projects** enabling a number of students to work together on a complex problem that requires planning, research, internal discussion, and group presentation.

- **Essays** assessing students' understanding of a subject through a written description, analysis, explanation, or summary.

- **Experiments** testing how well students understand scientific concepts and can carry out scientific processes.

- **Demonstrations** giving students opportunities to show their mastery of subject-area content and procedures.

- **Portfolios** allowing students to provide a broad portrait of their performance through files that contain collections of students' work, assembled over time.

One key feature of all performance assessments is that they require students to be active participants. They al focus attention on how students arrive at their answers and require students to demonstrate the knowledge o skills needed to obtain a correct answer. To illustrate, if high school juniors are asked to demonstrate their understanding of interest rates by shopping for a used-car loan (i.e., comparing the interest rates of banks an other lending agencies and identifying the best deal), a teacher can easily see if the students understand the concept of interest, know how it is calculated, and are able to perform mathematical operations accurately.

What Are the Advantages of Assessing a Child This Way?

Instruction in most subject areas is being altered to include more practical applications of skills and to incorporate a greater focus on the understanding and combining of content and skills.

Performance assessments closely tied to this new way of teaching provide teachers with more information about the learning needs of their students and enable them to modify their methods to meet these needs. They also allow students to assess their own progress and, therefore, be more responsible for their education.

Advocates of performance assessment believe these tests will prompt educators and school officials to identify the skills and knowledge they want their students to acquire and to focus on teaching students this information. It also provides educators with information about what students have learned, not just how well they can learn.

What Are the Disadvantages of Assessing A Child This Way?

Performance assessments usually include fewer questions and call for a greater degree of subjective judgement than traditional testing methods. Since there are no clear right and wrong answers, teachers have to decide how to grade and what distinguishes an average performance from an excellent one. This potential disadvantage can be avoided if teachers set up an evaluation rubric (rating scale with several categories) that clearly defines the characteristics of poor, average, and excellent performances so teachers can score them in a consistent manner.

Critics argue that performance assessments will not improve schooling and could be harmful. The following concerns have been expressed about performance-based assessments -- teachers might teach only to the test, thereby narrowing the curriculum and reducing the test's value. When using performance assessments such as portfolios, teachers and other individuals who are grading the work may differ greatly in their evaluations. Students may be unintentionally penalized for such things as having a disability, being from a certain cultural background, or attending classes at a school with limited resources.

How Can I Evaluate Performance Assessments?

Those who wish to evaluate the effectiveness of performance assessments should ask the following question

- Does the performance assessment cover important skills and knowledge?
- Are the test items varied to fairly test students having different experiences, backgrounds, and motivations?
- Does the assessment give a child worthwhile educational experiences?
- Does the assessment require a child to use higher level thinking and problem-solving skills rather than simply memorizing to determine the answer?
- Are teachers receiving training and assistance in designing and using performance assessments?
- How are assessment results going to be used? Are teachers using the results to evaluate their student's performance in their own classrooms and then tailoring instruction in areas of weakness? Or are the results being compared to those in other classrooms and schools and for evaluating the teacher or school? If assessments are going to be used as accountability measures, reliability (the degree to which a test can be depended on to produce consistent results repeatedly), and validity (the extent to which a test accurately measures the result that it is intended to measure), become critically important.

What Should a Parent Ask A Child's Teacher Before the Test?

- Which tests will be administered during the school year and for what purposes?
- How will the teacher or the school use the results of the test?
- What other means of evaluation will the teacher or the school use to measure a child's performance?
- Should a child practice taking tests?

How Can Children be Helped to Do Well On Assessment Procedures?

Here are a few suggestions for parents who want to help their children do well on tests.

- First and most important, talk to the child's teacher often to monitor the child's progress and find out what activities can be done at home to help a child.
- Make sure the child does his or her homework.
- Make sure the child is well-rested and eats a well-rounded diet.
- Have a variety of books and magazines at home to encourage the child's curiosity.

- Don't be overly anxious about test scores, but encourage a child to take tests seriously.

- Don't judge a child on the basis of a simple test score.

Students who are accustomed to traditional testing will need to be carefully prepared for these new approaches to assessment. Children can be helped in the following ways:

- Ask the teacher to explain the types of performance assessment to be used so that someone can answer the child's questions and help him or her decide how to prepare for the assessment.

- Request that the school give a presentation on performance assessment for parents.

- When talking with a child about what he or she is learning in school, ask questions that encourage problem solving or creativity. Help the child see that learning is a process and demonstrate how it is applied real-life situations.

- Ask the child if he or she understands what will be expected on the assessment. If someone notices confusion or anxiety, encourage the child to ask the teacher for help.

What Should a Parent Ask a Child's Teacher after the Test?

- How do students in the child's school compare with students in other school systems in the state and across the country?

- What do the test results mean about the child's skills and abilities?

- Are the test results consistent with the child's performance in the classroom?

- Are any changes anticipated in the child's educational program?

- What can someone do at home to help the child strengthen particular skills?

What Are a Parent's Legal Rights?

Several precedents and laws define legal rights related to taking tests in school:

- Under the Family Education Rights and Privacy Act of 1974, also known as the Buckley Amendment, parents have a right to examine their child's academic records. If these records contain test scores, they have a right to see those scores as well.

- A child has a right to due process. For example, a child must get adequate notice when a test is required for high school graduation and adequate time to prepare for the test.

- A child has a right to fair and equitable treatment. Schools cannot, for example, have different test score requirements based on gender or race.

Schools are not, however, necessarily liable for tests and test results being misused. A child's best protection against the misuse of testing is for a parent to be knowledgeable about the appropriate uses of various types of tests. If a parent suspects a child is being tested inappropriately, or is not being tested when testing would be appropriate, they should talk with the child's teacher.

***Where to** Find Out More About Assessment in Schools?*

ERIC Clearinghouse on Assessment and Evaluation
209 O'Boyle Hall
The Catholic University of America-Washington, DC 20064
(202) 319-5120
(800) G04-ERIC
http://www.cua.edu/www/eric ae

National Center for Fair and Open Testing, Inc. (FairTest)
342 Broadway
Cambridge, MA 02139
(617) 864-4810

Buros Institute of Mental Measurement
135 Bancroft Hall
Lincoln, NE 68588-0348
402-472-6203

Center for Research on Evaluation, Standards, and Student Testing (CRESST)
University of California at Los Angeles
145 Moore Hall
Los Angeles, CA 90024-1522
310-206-1532

Educational Testing Service (ETS)
Rosedale Road
Princeton, NJ 08541
609-921-9000

Evaluation Assistance Center--East
1730 North Lynn Street
Arlington, VA 22209
1-800-925-EACE
703-528-3588

Evaluation Assistance Center--West
New Mexico Highlands University
121 Tijeras NE, Suite 2100
Albuquerque, NM 87102
1-800-247-4269
505-242-7447

Most of the following references -- those identified with an ED or EJ number -- have been abstracted and are in the ERIC database. Documents with an ED number can be found on microfiche at more than 900 locations or can be ordered in paper copy from the ERIC Document Reproduction Service at 1-800-443-ERIC. The journal articles can be found at most research libraries. Call 1-800-LET-ERIC for more details.

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Ethics, Schools, and Assessment

The following is from an ERIC Digest entitled Ethics in Assessment authored by Cynthia Schmeiser.

Promoting ethical practices in assessment is considered to be a very important goal of the organizations involved in assessment. Codes are intended to increase the awareness of ethical practice among their memberships and to promote ethical uses of assessment in various contexts: teaching, counseling, evaluation, research, among others.

> The level of enforcement that each organization takes is directly tied to the character of membership in the organization, whether it is voluntary or tied to a credential or designation. Clearly, the more stringent the requirements are for membership in an organization, the easier it is for that organization to establish a more formal means of discipline and enforcement.

Educating others to understand and to engage in ethical practices is a critical goal. Illustrations of good and bad practice within realistic assessment contexts and discussions of ethical dilemmas are excellent ways of promoting ethically responsible practice in assessment.

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*Issues and Problems Related to Assessment of Barriers to Learning**

Widespread controversy surrounds assessment in schools. Some concerns stem from methodological, conceptual, and ethical issues and problems; others arise from socio-politico-economic considerations. Here we discuss controversies over "what should be assessed", when and how assessment should be carried out. And the problem of interpreting the meaning of findings. Concerns over privacy rights and negative consequences controversy that arises because decisions to assess and decisions stemming from the data gathered often involve conflicting vested interests.

WHAT DO WE WANT TO ASSESS?

In terms of practice and most research in the field, assessment serves four major functions: *classification* (especially diagnostic classification), *selection* (especially placement and group assignment), *specific treatment planning*, and *evaluation* of intervention. Conflicts arise over what should be assessed with respect to these functions because of ongoing debates over what "models" for understanding human behavior should guide research and practice, how problems should be remedied, what is involved in matching instruction to the learner, and what constitutes appropriate accountability and evaluation of efficacy.

CONTRASTING MODELS GUIDING ASSESSMENT IN RESEARCH AND PRACTICE

In general, concern has been raised that the focus of prevailing assessment procedures encompasses too narrow a range of factors. This criticism has been voiced more strongly as new models have emerged to challenge the prevailing view that sees the causes and correction of problems in terms of *person* variables (i.e., in terms of pathology, disorders, or lack of readiness). Competing models focus on the *environment* (also emphasizing either pathology or deficiencies) or the *interaction* or transactions between person and environment.

Because of dissatisfaction with the prevailing person-oriented model, the work of researchers who focus on the *environment* has taken on prominence. This work is concerned with assessing home and school variables to clarify the role they play in the cause and correction of problems (see Barclay, 1983; Freund, Bradley, & Caldwell, 1979; Moos, 1979).

Going a step further, *interaction* oriented investigators hope to determine the degree to which the interplay of person and environment must be accounted for in understanding cause and correction (Adelman & Feshbach, 1971; Bandura, 1978; Coles, 1987; Sameroff, 1985). Those who have adopted an interactional (transactional, reciprocal determinist) orientation argue that they have subsumed, not rejected the other two models.

* Excerpted from Issues & Problems Related to the Assessment of Learning Disabilities, by Howard S. Adelman & Linda Taylor. In H. Lee Swanson (Ed.) (1991). *Handbook on the Assessment of Learning Disabilities: Theory, Research, and Practice.* Austin, TX: Pro-Ed.)

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WHAT IS TO BE REMEDIED?

When it comes time to plan the specifics of an intervention, formal and informal assessment procedures are used. These include tests, observations, interviews, and trial teaching. Ultimately, the purpose of all remediation is to improve functioning related to such basics as reading, language, mathematics, and interpersonal functioning. Advocates of a particular orientation argue for their procedures and sometimes argue against assessment procedures reflecting other orientations. To understand why requires an understanding of opposing views about what is to be remedied.

Essentially, three treatment viewpoints dominate current assessment practices: (1) the underlying abilities orientation, (2) the observable skills orientation, and (3) the metacognitive or general learning strategies orientation. And as facets of this last orientation have evolved, they have offered another perspective on the underlying abilities view. Each orientation defines treatment needs in different terms and thus specifies a different central focus for assessment.

The interest in cognitive components underlying learning problems goes beyond metacognitive knowledge and cognitive monitoring (e.g., Swanson, 1988). As can be seen in the "dynamic" assessment movement, there are a variety of cognitive skills and processes that have been identified as the appropriate focus for remedial intervention (e.g., Campione & Brown, 1987; Feuerstein, 1979). Because this movement has had limited exposure but appears to be gaining considerable momentum, it warrants a bit more discussion here.

Dynamic assessment is described as a reaction to static (i.e., conventional psychometric) approaches to measuring intelligence. Static approaches are criticized for treating IQ as a trait rather than a score, thereby equating it with learning ability and ignoring the nature of underlying mechanisms of cognitive development and functioning and the influence of handicapping conditions and cultural bias. Moreover, static approaches and techniques are criticized as too limited for planning interventions.

In terms of what should be assessed, the dynamic assessment movement wants to go beyond conventional psychometric techniques in order to determine "the operation of basic psychological processes presumed responsible for acquisition of the information requested on standard tests" (Campione & Brown, 1987; p. 82). Feuerstein and his colleagues (Feuerstein, Rand, Jensen, Kaniel, & Tzuriel, 1987) stress that their approach to dynamic assessment provides not only data on cognitive functioning but on "structural cognitive modifiability... the very structural nature of the cognitive processes that directly determine cognitive functioning in more than one area of mental activity" (pp. 42-43). Their intent is to assess the efficiency of operation of specific cognitive processes, not just to measure enhanced performance and/or the magnitude of response to instruction (see Lidz, 1987). Because dynamic assessment involves prompting/teaching, it also is used to identify intervention approaches that seem to work well with the individual being assessed. Thus, the products of the assessment are seen as providing information on both *what* and *how to teach*. In order to gather such data, the process is designed and implemented as an intervention to improve performance. Improved performance is interpreted as an indication of the learner's real capabilities and ability to change (e.g., learning potential). Because the content focus of dynamic assessment is on underlying processes, critics of the underlying abilities orientation simply reiterate arguments about the validity of measures and of underlying theoretical assumptions.

In general, it is to be expected that issues surrounding prevailing orientations to remediation will not be resolved in the near future. Thus, although specific instruments may be discredited, advocates of each orientation will continue to use assessment procedures that reflect their approach to treatment and will continue to criticize each other. At the same time, advocates of environmental and transactional models can be expected to escalate their criticism and propose alternative assessment procedures.

DIFFERENT VIEWS OF HOW BEST TO MATCH INSTRUCTION TO THE LEARNER

In addition to assessment differences resulting from treatment orientations, different views about how to design instruction for specific learners lead to divergent perspectives about what needs to be assessed. For instance, concern has been raised that assessment for *individualized as* contrasted with *personalized* instruction results in an inadequate instructional design (e.g., Adelman & Taylor, 1983; 1986b).

To clarify the point, individualization typically emphasizes detecting a student's deficiencies by monitoring daily performance on learning tasks and then modifying instruction to address the deficiencies. In addition, some approaches, such as dynamic assessment, attempt to assess the best teaching approach for a given child. In most cases, however, a major shortcoming of assessment guided by the concept of individualized instruction is that it overemphasizes developmental deficiencies and underemphasizes the importance of assessing motivation, especially intrinsic motivation. This is not surprising, given how little systematic attention researchers and practitioners have paid to the concept of intrinsic motivation as it relates to the causes and correction of learning and behavior problems. (This oversight may account for the lack of maintenance and generalization of effects found in the majority of studies of training strategies designed to improve learning, problem solving, and social skills.)

In contrast, the concept of personalization could broaden the focus of assessment. As we define it, personalization encompasses individualization. The concept stresses the importance of designing intervention to match not only current capabilities of the learner but also levels of motivation, especially intrinsic motivation. This latter emphasis is seen as critical, given the degree to which intrinsic motivation can profoundly affect current, as well as long-term performance and learning (Adelman, 1978; Deci & Chandler, 1986). Thus, the major implication of the concept of personalization for assessment and correction of learning problems is that formal and systematic procedures are needed to address motivation.

ACCOUNTABILITY AND EVALUATING EFFICACY

Assessment plays a major role in efforts to answer the basic question: Are interventions effective? Although some may prefer to ignore this question, two facts make this impossible. First, evaluative research is essential to improve interventions. Second, this is an age of accountability, and therefore, evaluation increasingly is mandated by legislation and government regulations.

Problems arise, however, because of limitations in measurement capability. Comprehensive evaluation requires a range of valid procedures, and development of such procedures requires considerable financial commitment. Because of the costs, evaluation usually remains a token item in most budgets.

Issues arise because of different views about the appropriate focus of evaluation (e.g., Is it sufficient to gather data on person variables? Should long-term outcomes be measured as well as immediate effects?) and about the best way to proceed in gathering and interpreting data (e.g., What specific measures and design should be used? Should there be an emphasis on minimizing the negative effects of evaluation?). Because there are different views, issues arise over whose perspective should determine the evaluation focus, methods, and interpretive standards. That is, should the views of teachers, parents, students, researchers, or funding agencies prevail? Stated more boldly, whose biases or vested interests should prevail? Conflicts between vested interests are addressed further later in the chapter.

WHEN TO ASSESS

There has been considerable controversy over the premature use of assessment practices. Some critics have argued that the proper implementation of corrective interventions can eliminate the need for specialized assessment in many cases. Other criticism has been directed at the use of procedures before they have been developed adequately. Another line of concern has stressed that multistage, as contrasted with single stage, decision making provides a better framework to guide assessment practices.

WHAT SHOULD PRECEDE ASSESSMENT?

Critics concerned about premature person-focused assessment have argued that major efforts to improve programs should come first. In this context, we recall Hobbs' (1975) views on screening. "Ideally, special screening programs to identify health problems and developmental difficulties of children should not be necessary. All children regardless of economic status should be able to participate in a comprehensive health maintenance program" (pp. 90-91). And, we would add, they should be enrolled in comprehensive psychoeducationally oriented school programs. That is, once children arrive in kindergarten and the elementary grades, the need for screening is secondary to the need to develop classroom programs to match learners' levels of motivation and development. Advocates suggest that preventive and early-age intervention programs should reduce the number of learning and behavior problems and provide improved in situ screening to identify those who continue to require special help, thereby reducing the need for special assessment.

There are a substantial number of advocates for improving programs as the first step in a screening sequence for learning problems (see review by Adelman, 1989). In essence, it is argued that, before assessment, programs to ameliorate learning problems should enhance regular learning and instruction for all children and remedy problems that arise as soon as possible and with the least intervention needed. It is recognized that accomplishment of these goals requires broadening the psychoeducational nature of regular school interventions (e.g., personalizing instruction) and increasing the availability of support mechanisms for academic learning (e.g., volunteer aides, peer tutoring, computers). Proponents also stress the need for programs to train and provide consultation for teachers regarding what interventions to pursue before referring a student for special education (e.g., prereferral interventions).

Despite advocacy for improving programs as a first step in screening, the idea remains relatively uninvestigated. An example of the type of study needed is one in which a representative sample of preschool, kindergarten, and primary school programs (across socioeconomic groups) is upgraded to improve their capability to provide personalized and remedial instruction. The proportion of children subsequently found to manifest problems in these settings would then be compared with those identified in a matched control sample of standard programs. Data from this comparison would indicate the efficacy of the experimental settings in preventing some types of problems. Identification of learning problems in each classroom would involve no more than establishing criteria for daily performance and noting those who do not meet the criteria over a period of several weeks. Students in the experimental and control samples would be followed into the upper elementary grades to determine the degree to which false-positive and false-negative identifications were made. After this first study, a second could determine whether identification sensitivity and specificity are improved by adding formal assessment screening procedures to the experimental programs.

SHOULD WE WAIT FOR VALID TOOLS?

At the very least, most will agree that an assessment procedure should meet the minimal standards set forth by the American Psychological Association and the American Educational Research Association (see "Standards for Educational and Psychological Tests," 1974). From an ethical and legal perspective, a practice should do more good than harm. In this context, it has been argued that some psychometric and rating-scale procedures for massive screening are used in ways that produce so many false-positive errors that they probably cause more harm than good and should not be used (Adelman, 1982; 1989). In California, based on the Larry *P. v. Riles* court decision, the Los Angeles Unified School District has taken the extreme position of placing a moratorium on use of IQ test data in special education placement decisions.

When an assessment procedure is seen as meeting minimal standards and providing useful information, there are still the problems that the data gathered will be limited and perhaps erroneous. There are no satisfactory solutions for these problems. A common suggestion is that additional data be gathered that might a t least disconfirm false-positive findings. Ethically, it has been stressed that all concerned parties should be alerted to the limitations of the findings and the tentative nature of recommendations and conclusions based on the data. With respect to gathering disconfirming data, there is growing advocacy for viewing decision making as a multistage rather than single stage process.

SINGLE VS. MULTI-STAGE DECISION MAKING

Although some assessors find it necessary and/or convenient to assess and make decisions in one or two sessions, such a single stage approach has been a matter of concern. For example, with respect to screening, it is generally acknowledged that after a potential problem has been identified subsequent steps must be taken to confirm or disconfirm the problem. Critics warn, however, that diagnoses and placement decisions often may be made solely on the basis of first-level screening data. Furthermore, even when the best available assessment procedures are used, initial decisions about placement and special programming may be in error and should be confirmed or disconfirmed expeditiously through daily in situ assessment.

HOW TO ASSESS

Conventional psychometric approaches and techniques have raised a variety of concerns about validity. A common example already noted is that, under formal assessment conditions, poor performance among problem populations may be due to low or negative (avoidance) motivation resulting from high anxiety or negative attitudes. And these factors and cultural differences are seen as negatively affecting the performance of persons from certain cultural backgrounds. That is, the assessment results for such persons are seen as contaminated and cannot be taken at face value. Thus, critics argue that it is impossible to know whether failure to demonstrate specific knowledge, abilities, or skills represents a real deficiency. The implications of this point for research and intervention are profound.

CONVENTIONAL VS. INTERVENTIONIST ASSESSMENT

To underscore the fundamental issue involved here, it is useful to contrast nondynamic (conventional) with what can be described broadly as interventionist assessment. The term interventionist goes beyond dynamic assessment to encompass a wide variety of assessor activity designed to determine whether the person assessed can perform at a higher level. In terms of how to assess, interventionist assessment is designed to move beyond the nondynamic/static approach found in typical psychometric testing. The assessor assumes a highly active "testing the limits" stance with a view to encouraging an increased level of

performance. The process often takes the form of an assess-teach-reassess approach, involving a reasonable interval of time for learning to take place.

Advocates of interventionist assessment state that the intent is not to replace but to supplement prevailing assessment procedures. They stress that they are seeking data not available through prevailing approaches (e.g., data on performance capability in a teaching situation, information on teaching approaches that appear to be effective with the learner). Critics raise questions about the underlying assumptions and the validity of interpretations made in relation to interventionist assessment. For example, with respect to assumptions underlying dynamic assessment they question whether deficient functions found in the cognitive processes of input, elaboration, and output can be modified to a significant extent during an assessment procedure. With respect to the validity of interpretations, they question whether performance changes primarily reflect motivational rather than cognitive modifiability.

CONDITIONS FOR ASSESSMENT

There are a variety of options in deciding how to assess. Stimulus and response conditions may vary in terms of the number and complexity of variables assessed, whether they are simulated or natural, and whether they are formal or informal. Variations also appear with respect to degree of ambiguity and subjectivity, standardization of administration, obtrusiveness, and reactive impact, and with regard to similarities and differences between the assessor and the assessed (e.g., in terms of race, cultural background, socioeconomic status, gender).

Although it is recognized that variations in practice influence both the form of assessment activity and the findings, there is little agreement about the nature and scope of such influences. Thus, there continue to be major debates over how to produce the best data in a given circumstance. The problem, of course, is akin to that of how best to match instruction to the learner.

WHAT DO THE FINDINGS MEAN?

As we have suggested, decisions about what data to gather are determined by views about what one wants to assess. Regardless of what one wants to assess, however, the actual data provide only a description of observed behavior. One does not observe intelligence or perception or attention deficits or minimal central nervous system dysfunction. One sees responses to stimuli or noncompliance with rules and directions (e.g., test answers or refusal to do a task), or one receives reports of poor performance and misbehavior. Concerns therefore arise that assessment and decision making procedures may lead to

- inadequate descriptions of a phenomenon (e.g., Does the procedure provide information relevant to the types of interpretations and judgments we want to make? Does the procedure measure what it says it does? Only what it says it does? All of what it says it does? Does it provide new information?
- invalid interpretations and judgments of phenomena (e.g., Are inferences justified? Are appropriate norms and standards available?)
- invalid decisions (e.g., How relevant are data for decisions to be made?)

If one sets out to assess cognitive deficiencies, for example, one wants to be able to discuss findings in terms of such deficiencies and to judge the nature and scope of deficiencies based on appropriate norms and standards.

VALIDITY AND UTILITY

Deficiencies with regard to validity and utility generate controversy not only about what findings mean but about the value of assessment per se.

The crux of the problem can be appreciated by awareness that, although the reliability of an assessment procedure can be established in a relatively technical and objective way, validation requires a great deal of rational and subjective activity. As Cronbach (1970) stressed with respect to assessing constructs, "Construct validity is established through a long-continued interplay between observation, reasoning, and imagination ....The process of construct validation is the same as that by which scientific theories are developed" (p. 142). Because determining a procedure's validity and utility is difficult and costly, assessors find themselves having to use the "best" that is available--even though the best may not be very good. The inevitable result has been criticism of procedures and decisions based on them.

NORMS AND STANDARDS

The problem of determining meaning is compounded by the inadequacy of available norms and the lack of consensus regarding standards used in interpreting assessment data. To understand the problem, it is important to appreciate the nature of the interpretive/judgmental process in assessment, and this requires an appreciation of the way standards and norms are used.

For our purposes standards refer to values or a theoretical idea used in making judgments about what has been assessed. Such judgments involve conclusions about what was assessed with respect to consistency with some theory, whether a problem exists, and whether something is good or bad. Norms are not standards (i.e., they are not value or theoretical statements). Formal norms are based on research and systematic observation. In practice, any set of previous findings (including nonsystematic observations over years of professional practice) might constitute a set of norms with which to compare assessment data. After formal or informal norms are used, it is commonplace to apply some set of standards to make judgments about good and bad. This can happen so quickly that it may not be apparent that judgments have been made. For example, a score from a test or rating scale that falls above or below some predetermined average may be quickly translated into a judgment that the performance was unacceptably low and indicative of significant underachievement, developmental lag, or pathology. This is understandable, especially with tests of achievement and developmental indices. However, it is important not to lose sight of the fact that a value judgment--a standard--has been used. The use of norms by themselves does not lead to the judgment of good or bad.

All in all, controversy seems inevitable given that assessors must rely on inadequate procedures and norms and given the lack of consensus about standards used in making judgments about learning and behavior problems (Buros, 1974; Coles, 1987; Schrag & Divoky, 1975). And the criticism is justified when professionals proceed in uncritical ways As Buros (1974) noted, practitioners

"seem to have an unshakable will to believe the exaggerated claims of test authors and publishers. If these users were better informed regarding the merits and limitations of their testing instruments, they would probably be less happy and successful in their work. The test user who has faith--however unjustified---can speak with confidence in interpreting test results and making recommendations. The well-informed test user cannot do this; [this person] knows that the best of our tests are still highly fallible instruments which are extremely difficult to interpret with assurance in individual cases. Consequently, [the user] must interpret test results cautiously with so many reservations that others wonder whether s/he really knows what s/he is talking about" (p. xxxvii).

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ETHICAL CONCERNS

Impetus for ethical concerns about negative aspects of assessment has come from reported misuses and abuses of test data. Criticism has come from political conservatives, liberals, and civil libertarians. At the center of the controversy is the traditional tension between society's rights, responsibilities, and needs and individuals' rights and freedoms. Critics have argued that individual rights and liberties are not sufficiently safeguarded and have pushed for greater legal protection of rights and due process. This is leading to improvements in consent procedures.

Another line of ethical criticism stresses the errors, costs, and "negative side effects" of assessment. Some critics stress psychological, social, economic, and possible physical harm to individuals; others point out that subgroups are discriminated against; and a few have raised the specter of the quality of life in society being significantly lowered by institutionalizing assessment practices. In contrast, some professionals underscore that it is a core ethical responsibility of professionals to use assessment practices to maximize benefits for individuals and society (Adelman, 1979b). These matters can be highlighted by briefly discussing concerns about privacy rights and negative consequences of assessment.

PRIVACY

With respect to privacy rights, there is a dual concern: invasion of privacy and misuse of information. These concerns arise when the information is considered highly sensitive and could lead to diagnoses and evaluations that are perceived negatively. The situation is especially volatile when assessment is carried out primarily to serve society or institutional objectives.

Power to assess--to obtain and use information about others-is power to shape lives. Legally and ethically, there is a need to keep such power in check. At issue is the nature of the control a person ought to have over the gathering and disclosure of information about himself or herself. In other words, when should society be able to mandate assessment and, in the process, infringe on individual rights? Stated this way, the question is seen as one aspect of the broader concern over when society should be allowed to coerce individuals and thereby deny a variety of rights and freedoms (Adelman & Taylor, 1988; Robinson, 1974). From this issue springs a variety of questions. What kind of information is it reasonable to gather on an individual? What safeguards exist with respect to highly personal and sensitive information? What types of records should be kept and who should have access to them? What restrictions should be placed on how information can be used ? Is parental consent sufficient when children don't want to be assessed?

The complexity of ethical concerns is well illustrated when individuals come for help. A request for help may be seen as consent to gather data on anything the assessor sees as relevant. Given adequate theory and evidence about what is relevant, it would be a relatively clear-cut matter to explain what is needed and why as a basis for eliciting informed consent. Unfortunately, the state of knowledge regarding psychoeducational problems is not sophisticated enough to specify what information is absolutely needed. Thus, assessors develop their own criteria for what should be assessed. Some feel free to pursue anything that intuitively seems significant at the moment. Although well-meaning, they may pry into embarrassing and painful areas of a person's life to gather data that, ironically, may be irrelevant. Some data gathered amounts to little more than gossip with no significant meaning for dealing with the problem. Such data can be even more harmful when it is used inappropriately (e.g., to prescribe treatment).

For a variety of political and legal reasons, many school systems have moved away from presumptions of consent. In the United States, this movement has been accelerated by federal law (i.e., the Family Educational Rights and Privacy Act of 1974). The apparent result has been that (1) less assessment data are gathered and circulated in schools,

(2) consent is sought more frequently when a need for assessment exists, and (3) due process is being emphasized with respect to student and parent access to records and for complaints and corrections of data that maybe inappropriate or in error.

Critics caution, however, that the burden of protecting rights still falls mostly on those assessed. Consumer advocates advise students or parents to object if they dislike either what is asked or the procedures. In doing so, however, there is a risk of being refused services or having the objection interpreted as defensiveness, hostility, or lack of cooperation.

The situation is further complicated where procedures have become routine and institutionalized. Under such circumstances, those involved may see neither a "rights" issue nor a need for consent. For example, physicians, psychologists, educators, and a variety of other personnel in schools, clinics, and agencies routinely administer tests and questionnaires with little or no explanation about why the information is needed or about any limitations with respect to the procedures' validity. When procedures have become a natural part of an institution's operations, those administering them may be genuinely unaware of invading privacy or coercing. Those who are assessed may assume the experience must be essential, and any discomfort is a necessary "negative side effect."

NEGATIVE CONSEQUENCES

Every major intervention has some negative consequence. Assessment is no exception. It is customary to speak of "negative side effects," but this wording tends to ignore errors and economic costs and is more appropriately applied to minor and perhaps low-probability phenomena. Negative consequences encompass the range of potentially significant harm that may occur.

Negative consequences related to assessment, such as extreme anxiety, may occur during the process or may be an immediate or long-term outcome. It is widely recognized that persons who are assessed and labeled may be stigmatized, isolated, and excluded from important experiences and this may negatively affect motivation and hinder full and healthy development. Evidence suggests that certain subgroups are more likely than others to experience such negative effects (e.g., see Mercer & Brown, 1973; Swanson & Watson, 1982). Civil rights hearings and court cases have highlighted the intentional and unintentional cultural and sex-role bias of formal assessment. Unfortunately, little data exist on the frequency of negative consequences, including inevitable errors, or about financial costs to individuals and to taxpayers.

Illich (1976) and others have warned that the cost to society may be more than financial. He has argued that over reliance on professionals leads to alarming incapacity among individuals and natural support systems to cope with problems.

From a practical perspective, concern over negative consequences generally centers on how to minimize negative effects and be certain that benefits outweigh harm. Often at issue is whether the positive is outweighing the negative. There does seem to be widespread agreement, however, about the following guidelines. (1) Assessors are obligated at least to be aware of potential negative consequences, such as immediate and long-term harm to individuals, groups, and society. (2) Where consent is sought, assessors are required ethically and often legally to inform prospective consenters of potential positive and negative consequences. (3) As they attempt to maximize benefits, assessors are obligated to minimize potential negative effects. (4) Although they cannot follow a student around to prevent self-fulfilling prophecies, they are expected to take steps to correct and guard records and equip students and parents to protect and advocate for themselves. (5) Assessors are expected to acknowledge whenever findings are inconclusive and not rationalize or dismiss uncertainties and incongruities in findings.

WHO DECIDES? THE POLITICS OF ASSESSMENT

Not only is decision making the final outcome of assessment, but decisions are made at each stage of the assessment process. For example, in planning assessment, there are decisions about the need for and the focal point of assessment and about what procedures to use. In many instances, these matters are resolved so routinely that those involved hardly are aware that decisions were made. In other cases, heated arguments arise. An already noted instance is the debate over the appropriateness of preschool screening programs to detect learning disabilities. (Can it be done appropriately?) Pivotal to all such debates are considerations about criteria and procedures for decision making. Where there is disagreement, a particularly critical concern is Who decides what the criteria and procedures should be?

When the objectives of the individual are compatible with other involved parties (e.g., parent, teacher, society), the question of who decides about criteria and procedures may be of little concern. However, when ideas and interests conflict, who decides becomes profoundly important. The problem of conflicting interests is reflected in the extensive concern raised about society's ability to exercise control through psychological and educational interventions (e.g., Adelman & Taylor, 1986b; 1988; Coles, 1978; Mnookin, 1985; Robinson, 1974; Schrag & Divoky, 1975). At one extreme, it is argued there are times when society must put its needs before individual rights by pursuing certain activities designed to maintain itself (e.g., compulsory testing); at the other extreme, it is argued that activities that jeopardize individuals' rights (e.g., coercion, invasion of privacy) are never justified. For many persons, however, neither extreme is acceptable, especially with respect to minors.

Without agreeing or disagreeing with a particular position, one can appreciate the importance of the debate for our field. Specifically, it serves to heighten awareness that (1) no society is devoid of some degree of coercion in dealing with its members (e.g., no right or liberty is absolute), and that such coercion has been seen as especially justified in intervening with minors; (2) interventions such as assessment can be used to serve the vested interests of subgroups in a society at the expense of other subgroups (e.g., to deprive minorities, the poor, females, and legal minors of certain freedoms and rights); and (3) informed consent and due process of law are central to the protection of individuals when there are conflicting interests at stake (e.g., about who or what should be blamed for a problem and be expected to carry the brunt of corrective measures). This awareness and greater sensitivity to conflicts among those with vested interests in interventions are essential if children are to be adequately protected from abuse by those with power to exercise control over them.

Usually, control of decision making is maintained by those with greatest authority in a situation. This is a questionable practice when those in authority have no legitimate basis for assuming power or have interests that conflict with those of other participants. The former circumstance includes instances when professionals assess and prescribe outside their area of competence or in areas where the state of knowledge precludes sufficient expertise and when professionals inappropriately assume consent of participants. The latter circumstance includes instances where professionals' values or financial interests are at variance with those seeking services and when society pursues its rights and responsibilities at the expense of the rights and liberties of individuals.

It is when ideas and interests conflict that the "political" facets of assessment are underscored. Power conflicts and imbalances are apparent when those with authority are in a position to have their vested psychological, social, political, or economic interests prevail in decision making even though those without such authority dislike the decisions and indicate their dissatisfaction.

Authority stems from various psychological and socio-political-economic factors, which may or may not be institutionalized and legitimized. Therefore, political facets of assessment are not limited to power imbalances stemming from legislated authority. The overt political facets of assessment are seen in the many instances when assessments are required by organizational (government, school, industry) policies and when assessment data are used

for planning, evaluating, and policy-making purposes. Covert political facets are potentially present in all other assessment activity. What is being described is any power imbalance inappropriately detrimental to the interests of one or more participants.

Concerns have been raised about the decision-making role of those assessed, especially persons presumed to be less than competent, which seems often to be the case for children and those having learning or emotional problems. Currently, the role students, clients, and their advocates should play in decision making is being debated in legal and professional circles (e.g., Melton, Koocher, & Saks, 1983; Mnookin, 1985; Taylor & Adelman, 1986). Efforts to ensure protection for those denied a decision making role have been reflected in court cases and various advocacy programs. Improved guidelines should soon emerge clarifying both the legitimate bases for denying individuals decision-making power and the protection safeguarding their interests when others have decision-making power. Because overt and covert power imbalances appear inevitable, stringent protection of individual rights is essential. There must be understanding of and commitment to ethical principles by professionals and society as a whole if abuses are to be constrained.

CONCLUDING COMMENTS

A great deal of controversy surrounds assessment. Although some of the controversy is about the deficiencies and limitations of specific procedures, broader concerns and criticism have been directed at the way assessment is used to shape research and practice and related policy decisions. Even when relatively objective assessment data are used, decisions referencing the data often are extremely subjective. This is not surprising given that most decisions in the field involve considerations that go well beyond availability of valid data. More often than not, complex socio-political-economic value questions are involved. Indeed, in some cases, seemingly relevant data are ignored in order to arrive at a decision the decision makers see as viable and beneficial (cf. Woodhead, 1988). Thus, controversy is inevitable, and as Thorndike and Hagen (1977) have aptly stated, "The wisdom of the decider is crucial" (p. 20).

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CLEARINGHOUSE CATEGORIES

Systemic Concerns

- Policy issues related to mental health in schools
- Mechanisms and procedures for program/service coordination
  - Collaborative Teams
  - School-community service linkages
  - Cross disciplinary training and interprofessional education
- Comprehensive, integrated programmatic approaches (as contrasted with fragmented, categorical, specialist oriented services)
- Issues related to working in rural, urban, and suburban areas
- Restructuring school support service
  - Systemic change strategies
  - Involving stakeholders in decisions
  - Staffing patterns
  - Financing
  - Evaluation, Quality Assurance
  - Legal Issues
- Professional standards
- Other System Topics: _____

Programs and Process Concerns:

- Clustering activities into a cohesive, programmatic approach
  - Support for transitions
  - Mental health education to enhance healthy development & prevent problems
  - Parent/home involvement
  - Enhancing classrooms to reduce referrals (including prereferral interventions)
  - Use of volunteers/trainees
  - Outreach to community
  - Crisis response
  - Crisis and violence prevention (including safe schools)
- Staff capacity building & support
  - Cultural competence
  - Minimizing burnout
- Interventions for student and family assistance
  - Screening/Assessment
  - Enhancing triage & ref. processes
  - Least Intervention Needed
  - Short-term student counseling
  - Family counseling and support
  - Case monitoring/management
  - Confidentiality
  - Record keeping and reporting
  - School-based Clinics
- Other program and process concerns: _____

Psychosocial Problems

- Drug/alcoh. abuse
- Depression/suicide
- Grief
- Dropout prevention
- Learning Problems
- Pregnancy prevention/support
- Eating problems (anorexia, bulim.)
- Physical/Sexual Abuse
- Neglect
- Gangs
- Self-esteem
- Relationship problems
- Anxiety
- Disabilities
- Gender and sexuality
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- School Adjustment (including newcomer acculturation)
- Other Psychosocial problems: _____

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*In 1996, two national training and technical assistance centers focused on mental health in schools were established with partial support from the U.S. Department of Health and Human Services, Public Health Service, Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Adolescent Health. As indicated, one center is located at UCLA; the other is at the University of Maryland at Baltimore and can be contacted toll free at 1-(888) 706-0980.

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